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ABSTRACT

This document contains testimonies and prepared statements from the Congressional hearing called to examine the difficulties associated with the lack of reliable demographic data for use in planning appropriate assistance to "special populations" of older Americans, including minorities, persons with disabilities, the rural elderly, older women, frail persons, and low-income persons. In his opening statement, Representative Edward Roybal stresses the importance of the hearing given current propsals for changes in the 1990 Census. An opening statement by Representative James Jeffords and prepared statements by Representatives Mervyn Dymally, Matthew Rinaldo, and Constance Morella are included. John G. Keane, director of the Bureau of the Census, United States Department of Commerce discusses interagency cooperative efforts, Census Bureau research and analysis on aging, the decennial Census and current surveys, and decennial Census questionnaire content and tabulations. Also providing testimony are: (1) Emily M. Agree, research associate from the Center for Population Research, Kennedy Institute of Ethics, Georgetown University; (2) Emily Gantz McKay, executive vice president of the National Council of La Raza; and (3) William M. Ortiz, executive director of the San Juan Center, Inc., Hartford, Connecticut. Testimonies focus on the problems of the Hispanic elderly and on the difficulties involved in obtaining reliable statistics. (NB)

PLANNING FOR AN AGING AMERICA: THE VOID IN RELIABLE DATA

HEARING

BEFORE THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

ONE HUNDREDTH CONGRESS

FIRST SESSION

OCTOBER 20, 1987

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PLANNING FOR AN AGING AMERICA: THE VOID IN RELIABLE DATA

TUESDAY, OCTOBER 20, 1987

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON AGING,
Washington, DC.

The committee met, pursuant to notice, at 9:35 a.m., in room 2359, Rayburn House Office Building, Hon. Edward R. Roybal (chairman of the committee) presiding.

Members present: Representatives Roybal, Richardson, Slaughter, Rinaldo, Jeffords, Wortley, Schneider, Meyers, Schuette and Morella.

Staff present: Manuel R. Miranda, staff director; Judith Lee, deputy staff director for administration; Edgar E. Rivas, professional staff; Brian T. Lutze, professional staff; Diana Jones, staff assistant; Valerie Batza, staff assistant; and Joe Fredricks, deputy minority staff director.

OPENING STATEMENT OF CHAIRMAN EDWARD R. ROYBAL

The CHAIRMAN. The hearing will now come to order.

The purpose of today's hearing is to examine the difficulties associated with the lack of reliable demographic data for use in planning appropriate assistance to "special populations" of older Americans, including minorities, persons with disabilities, the rural elderly, older women, frail persons and low-income individuals. This hearing is particularly important given the current proposals for changes in the 1990 Census.

Our Nation is experiencing a rapid increase in the numbers of its older citizens. Over the next decade, those elderly that we consider the most vulnerable will also be increasing in large numbers.

In this regard, I am greatly concerned that Federal, State and local officials are increasingly hampered in their ability to effectively plan for the most vulnerable and needy of our older population because there is a serious lack of appropriate statistical information.

For instance, despite the fact that Hispanics are among the fastest-growing segments of the 65 and over population, much of the existing national data on these individuals are either untabulated or are simply unavailable.

I commend the efforts of the National Council of La Raza, the Travelers Companies Foundation, and the Villers Foundation in producing their report, entitled "The Hispanic Elderly: A Demographic Profile." While the data in this report provide a general

overview of the serious difficulties experienced by many of the Hispanic elderly, information suitable for addressing these problems at the local level is limited, and it is limited because it is often based on an average for the total elderly population.

Consequently, service delivery systems do not effectively address the diversity of the needs of the Hispanic elderly or other older populations or persons in need.

Today, we are very fortunate to have with us several experts as witnesses who can provide the committee with information on how, from their varying perspectives, they have dealt with this issue in the past. I look forward to the testimony that we are about to receive today, and welcome the person we have been waiting for, Mr. Jeffords, which now makes this hearing very legitimate.

The Chair now recognizes Mr. Jeffords.

STATEMENT OF REPRESENTATIVE JAMES M. JEFFORDS

Mr. JEFFORDS. Thank you, Mr. Chairman, for making me feel important. It is a good way to start the day. I want to commend you for holding these hearings. I think it is critical as we go forward that we understand the demographics of this Nation with respect to our aging population. The needs are different. The desires are different.

And it is important that we understand that as we go forward in making recommendations on the design of legislation for the future. Thank you very much for allowing me to participate.

The CHAIRMAN. Thank you, Mr. Jeffords. At this time, if there are no objections, I would like to submit the prepared statement of the Chairman of the House Subcommittee on Census and Population for the hearing record. Hearing no objection, Chairman Dymally's prepared statement will appear at this point in the record.

[The prepared statement of Chairman Dymally follows:]

PREPARED STATEMENT OF CHAIRMAN MERVYN M. DYMALLY

Mr. Chairman, thank you for granting me an opportunity to submit a statement at your committee hearing, "Planning For An Aging America: The Void in Reliable Data."

As Chairman of the House Subcommittee on Census and Population, I consider today's hearing a very significant Congressional response to two critically important issues -- aging and data.

The United States population is steadily becoming older. Currently, 29 million Americans are 65 years and older. Between now and the year 2005, this figure is expected to reach 36 million, and by the year 2025, the elderly population is estimated to reach 59 million persons.

Although the proportional change of persons 65 years and older in the total population by 2005 is a mere increase from 12% to 13%, studies indicate that as the post World War II baby boomers mature, the elderly will account for nearly 20% of the total population by 2025.

Some may argue that these figures prove the effectiveness of policies controlling our birth rate and improving our overall health care. Others, such as myself, however, look at these numbers as a challenge for planning at all levels of government, as well as by the private sector.

On one hand, the fact that we have an aging society necessitates a careful review of our policies which have been established specifically for the elderly. On the other hand, it is important to understand what any reaction to this growth means in terms of the younger population.

When one looks at the figures for the younger population, one will find that Hispanics are perhaps the fastest growing group. According to a Census Bureau report, the nation's Hispanic population totaled 18.8 million in 1987. This is a 30% increase over the Bureau's 1980 estimate. The non-Hispanic population grew 6% in the same period. I am sure that other ethnic subgroups are experiencing similar population growth.

Mr. Chairman, without question, your committee is embarking on a very difficult task of planning for the aging population. It is unfortunate that your task will likely become more difficult because of a recent action taken by the Office of Management and Budget on the 1988 Census Dress Rehearsal, the prototype for the 1990 Decennial Census.

OMB ordered the Bureau of the Census to revise its questionnaire and sampling scheme for the dress rehearsal. Seven housing questions posed on the 100% form were shifted to the sample form. Three of the four energy questions were eliminated. And the Bureau's proposed national sample size of 16 million

was reduced to 10 million, with lower sample rates to be used in areas with high population densities and higher sample rates to be used in areas with low population densities.

In effect, OMB has ordered a major elimination of census data which we have all come to use in structuring and implementing critical federal programs. Although it may appear that the changes will not impact the aging population, a closer review of this action will indicate otherwise.

According to an analysis performed by the Congressional Research Service, moving items from the 100% form limits available data on "small towns, rural areas, city neighborhoods, and voting precincts; as well as small groups in the population -- such as families in Baltimore headed by Hispanic women with five children." The questions OMB eliminated have been used to "calculate the amount of energy used by households and assess the need and planning for energy assistance allocations", as well as calculate the "total out-of-pocket expense for housing" and the "percent of income that is spent on housing."

Finally, and perhaps most critical, are the sampling changes which will reduce the pool from which information is extracted. The reduced sample size will not yield sufficient information on subgroups of the population, including the aging, to make the data useful.

If these changes are not reversed by the 1990 decennial census, sufficient information will not be available to support planning of new policies to accommodate the expected shifts in our population. The void in reliable data that the Select Committee is addressing will widen. Governments will have greater difficulty determining the relationship between services for the elderly and young populations. We will find ourselves advocating and implementing unrealistic policies based on unrealistic statistics.

A few Members of Congress are aware of the situation I have described above. As my subcommittee reviews the Census Bureau's final plans for the 1990 decennial census, I find it essential to share with the Select Committee a serious problem which your efforts for the aging Americans may confront.

Recognizing that aging America and related data is the primary focus of this hearing, I urge this panel to review OMB's action and what it means to the objectives of this committee. While it is too late to save the 1988 Dress Rehearsal, there is yet time to work on the 1990 census.

Mr. Chairman, again, I would like to thank you and your committee for allowing me to submit this statement. My support for the elderly, minorities and adequate goverment services prompted me to inform you of where this nation's best source of data stands. It is my hope that we will all unite to restore what OMB has undone.

The CHAIRMAN. I am pleased to welcome a panel of four witnesses this morning, and would like to have them take their respective seats at the table before me. This group is made up of Dr. John Keane, Ms. Emily Agree, Ms. Emily McKay, and Mr. William Ortiz.

Each one of these witnesses is an expert in their own right. I would like to ask them to summarize their remarks, if they possibly can. Your complete written statements will be inserted in its entirety in the hearing record.

We will hear briefly from each of the panelists, and then have the opportunity, of course, to ask questions. I would like to ask Mr. Keane to start out the discussion, and the others will do the same after Mr. Keane has completed his remarks.

We will ask questions of the panel after the panel has completed their testimony. Then we will be free to ask questions of all four panelists.

Mr. Keane, will you please proceed in any manner that you may desire?

PANEL ONE—CONSISTING OF DR. JOHN G. KEANE, DIRECTOR, BUREAU OF THE CENSUS, U.S. DEPARTMENT OF COMMERCE; EMILY M. AGREE, RESEARCH ASSOCIATE, CENTER FOR POPULATION RESEARCH, KENNEDY INSTITUTE OF ETHICS, GEORGETOWN UNIVERSITY; EMILY GANTZ McKAY, EXECUTIVE VICE PRESIDENT, NATIONAL COUNCIL OF LA RAZA; AND WILLIAM M. ORTIZ, EXECUTIVE DIRECTOR, SAN JUAN CENTER, INC., HARTFORD, CN

STATEMENT OF DR. JOHN G. KEANE

Dr. KEANE. Thank you, Mr. Chairman. Good morning to you and your colleagues. And I salute you and your colleagues for convening this hearing exploring statistics on aging populations.

The American society is aging. About 29 million—one in eight—Americans are now age 65 or over. Of this total, 900,000 are Hispanics, and approximately 2.4 million are blacks. We project that in less than 50 years, about 65 million or one in five Americans will be age 65 or over. By that time, there could be 5.6 million elderly Hispanics and 7.3 million elderly blacks.

A key demographic fact is the proportion of the elderly population that is minority. The Hispanic elderly population is increasing especially quickly. We project the number of elderly Hispanics will increase from 1.1 million in 1990 to 1.7 million in the year 2000, and to 2.5 million in 2010. This steep rise represents a doubling in the proportion of the total elderly who are Hispanic from 3 percent today to 6 percent in the year 2010.

We have brought copies of our 1986 report on projections of the Hispanic population. Here it is. And the data I just cited are from table 1 on page 14 of this report.

It is not merely, however, the growth of the aging population that compels us to give it attention. It is also the diversity of that population. For example, circumstances can be very different indeed for a 65-year-old married couple than for an 85-year-old widow. That is why it is important to focus attention today on data for subgroups of the aging population.

I will discuss four topics today: One, interagency cooperative efforts; two, Census Bureau research and analysis on aging; three, the decennial Census and current surveys; and fourth, decennial Census questionnaire content and tabulations, in that order.

First, interagency cooperative efforts.

In May of 1986, Dr. Franklin Williams of the National Institute on Aging and I co-chaired a very successful summit conference on aging-related statistics. This conference was a first-of-its-kind effort to bring together the directors of Federal agencies concerned with the collection of data on the older population.

To promote coordination and cooperation among the agencies, participants at this conference unanimously agreed to establish the Interagency Forum on Aging-Related Statistics. Agency directors then appointed senior staff with broad policymaking authority to serve on that Forum.

At the initial meeting in October 1986, we identified the activities The Forum should undertake. These include identifying data gaps, improving access to data, and joint problem-solving.

Working together, we in the Federal Government are trying to provide the data our Nation will need to anticipate the changes brought on by the aging of our society. This includes data for subpopulations of the elderly.

Second, the Census Bureau's research and analysis on aging. Through the Interagency Forum on Aging-Related Statistics, we received about $225,000 annually from the National Institute on Aging. This money supports the activities of our Special Populations Staff. The primary responsibilities of this staff are to improve or develop data products on the older populations, to make recommendations for new methods and data to meet policy needs, and to represent the Census Bureau in the activities of The Forum.

We have released a number of publications in the last year that are relevant to subgroups within the older population. For example, we have produced, "The Guide to 1980 Census Data on the Elderly," and I know this looks like the large volume that it is, you can see that, but I reiterate the word "guide." This is just the guide to the data sources, not the data themselves, so it will show you the considerable amount available on this important topic.

We have also produced reports such as this one on the centenarian population, which includes data on black centenarians, and we will be coming out next year with an annual report on the characteristics of the older population that will include information about the minority elderly.

Under the auspices of The Forum, we compiled a telephone contact list of Federal Government specialists on aging-related statistics. And this is a cooperative effort. This is the notion of The Forum that I just discussed. That is not one going it alone but cooperating, so we take the best of all the agencies and here is a reflection of that joint effort. This is an example also—this list that I just showed, of how we could help Congress and data users to get answers to questions and to improve the access to data already available.

We are also drawing on the expertise of researchers across the country. During the 1986-1987 academic year, we participated in a project on the black family with the University of Atlanta.

About 40 percent of the activities in this project involve studies on the black elderly population.

Third, the decennial Census and current surveys. The 1990 decennial Census is about two and a half years away. Census day will be April 1, 1990. Our plans for this bicentennial enumeration of the American people are nearly complete, and major preparatory activities such as address listing begin next year.

The 1990 Census will ask a set of basic questions for every person and household in the country. We would ask additional questions of a sample of the population. The 1980 Census provided data on age, sex and other characteristics cross-classified by specific race and Hispanic origin groups.

We plan to provide similar cross-classifications for the 1990 Census, but we plan to provide data for more age categories within the 65 and over group.

The Census provides reasonable, reliable, detailed tabulations for small geographic areas and relatively small population groups. But the Census is taken only once in 10 years, obviously, and the questions are more general than in surveys.

There is no space on a decennial Census questionnaire to ask a series of detailed questions on a particular topic, such as health questions relative to the older population. That is the job of the national surveys.

We do plan for the 1990 Census to ask two general questions on whether a person is limited in terms of mobility and daily activities. These questions, along with other questions about socio-economic status, will give us a new look at the differences among subgroups of the older population.

I will discuss the selection of decennial Census questions a little later, but first I will mention current surveys.

Recurring national surveys, such as the Current Population Survey and the Survey of Income and Program Participation, ask detailed questions on various topics of interest in the study of the older population.

Because of their relatively small sample sizes, these surveys provide data only at the national level for the most part. The small sample sizes of national surveys do not provide statistically reliable estimates for small subgroups of the older population.

Finally, Mr. Chairman, I shall discuss how we make decisions on the content of the decennial Census questionnaire and on what data to tabulate.

In determining the questionnaire content for the 1990 Census, we operated under the important assumption that there should be no increase over 1980 in questionnaire content for the 1990 Census.

Over the past five years, we have held discussions with officials and planners in Federal, State and local governments, with members of the business and academic communities, with minority group leaders and the general public. These contacts, for example, included 65 local public meetings. We held at least one meeting in each State and more than 5,000 people attended in all.

They also included the Office of Management and Budget's Federal Agency Council on the 1990 Census, which began its ongoing oversight in 1984, and 10 interagency working groups. More than

335 representatives from 35 departments, agencies and independent commissions participated in the interagency working groups.

As we held discussions with data users, we heard many more legitimate and valid data needs than we could reasonably satisfy. General principles govern the selection of the Census content. The Census must be aimed at data needed to fulfill legal mandates, implement governmental programs or meet broad societal needs.

In March of this year, as required by law, we reported to the Congress on the subjects we plan to ask. In June, we submitted to the Office of Management and Budget for review the questionnaires for the 1988 dress rehearsal census. The dress rehearsal census is our important dry run of the questions and procedures we will want to use in the 1990 Census.

Our submission to the Office of Management and Budget reflected the subjects we had reported to Congress in March of this year. The Office of Management and Budget recommended changes to the dress rehearsal questionnaires. We have submitted the questionnaires to reflect these changes. The changes involve asking seven housing questions on a sample basis rather than on the full 100-percent basis, and deleting three housing questions completely.

Planning for the 1990 Census data products also involved extensive consultations with data users in the public and private sectors. For example, in the spring of last year, we conducted a series of 10 regional product planning meetings around the country.

I have concentrated here on the Decennial Census. We, of course, also get advice on the content and tabulations of the current surveys. For example, there is an interagency advisory committee that advises on the content and the tabulations on the, "Survey of Income and Program Participation."

In closing, I observe that as America ages in the next century, our society will be vastly different from today. To monitor adequately such dramatic changes requires a sophisticated statistical system.

The Census Bureau is proud of its role in cooperation with Congress, other Federal agencies and researchers to chart these changes. If we as a society anticipate the changes that will come as America ages, then individuals and families will be better able to adjust their expectations about their future.

Mr. Chairman, I thank you for holding this important hearing today and for the opportunity to come before you, and with the Chair's permission, I would like to ask a colleague, Cindy Taeuber, who is very key in the elderly populations' statistical work that the Census Bureau does—she is our resident expert—to join us at the table. May I please?

The CHAIRMAN. The Chair will be pleased to have her join.

[The prepared statement of Dr. Keane follows:]

UNITED STATES DEPARTMENT OF
COMMERCE
WASHINGTON, D.C. 20230

BUREAU OF
THE
CENSUS

CENSUS BUREAU WORK ON SUBPOPULATIONS OF THE ELDERLY

DR. JOHN G. KEANE
DIRECTOR, BUREAU OF THE CENSUS
WASHINGTON, D.C.

UNITED STATES HOUSE OF REPRESENTATIVES
SELECT COMMITTEE ON AGING
RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D.C.

OCTOBER 20, 1987

INTRODUCTION

Good morning, Mr. Chairman. I salute you and your colleagues for convening this hearing exploring statistics on aging populations.

One of the most significant and certain demographic facts affecting American society is the aging of our population. About 29 million, or 1 in 8 Americans, are now age 65 or over. Of this total, about 900,000 are Hispanics and 2.4 million are Blacks. We project that in less than 50 years, about 65 million, or 1 in 5 Americans, will be age 65 or over. By that time, there will be 5.6 million elderly Hispanics and 7.3 million elderly Blacks.

It is not merely the growth of the aging population that compels us to give it attention. It is also the diversity of that population. For example, circumstances can be very different for a 65-year-old married couple than they are for an 85-year-old widow. That is why it is important to focus attention today on data for subgroups of the aging population.

Before I go further, I emphasize that neither the Census Bureau nor any other Federal agency has an official definition for the terms "aging," "old," or "elderly." Different Federal programs or different researchers use different age cutoffs that seem appropriate for their particular work. Our job at the Census Bureau is to provide data to meet these varying needs.

I will discuss four topics today. First, interagency cooperative efforts. Second, Census Bureau research and analysis on aging. Third, the decennial census and current surveys. And fourth, decennial census questionnaire content and tabulations.

INTERAGENCY COOPERATIVE EFFORTS

First, interagency cooperative efforts.

In May of 1986, Dr. T. Franklin Williams of the National Institute on Aging and I co-chaired a very successful summit conference on aging-related statistics. This conference was a first-of-its-kind effort to bring together the directors of Federal agencies concerned with the collection of data on the older population. The single issue identified as most important in the development of aging-related statistics was to establish cooperative activities among our Federal agencies.

To promote coordination and cooperation among the agencies, participants at this conference unanimously agreed to establish the Interagency Forum on Aging-Related Statistics. Agency directors then appointed senior staff with broad policy-making authority to serve on The Forum. Dr. Manning Feinleib of the National Center for Health Statistics, Dr. Williams, and I co-chair The Forum. There is also an oversight committee of agency directors who establish the general direction of The Forum.

At the initial meeting in October 1986, we identified the activities The Forum should undertake. These are: (1) identifying data gaps, potential research topics, and inconsistencies among agencies in the collection and presentation of data on the older population; (2) creating opportunities for interagency research and publications; (3) improving access to data; (4) identifying statistical and methodological problems in the collection of data on the older population and investigating questions of data quality; and (5) working with other countries to promote consistency in definitions and presentation of data on the older population.

Working together, we in the Federal Government are trying to provide the data our Nation will need to anticipate the changes brought on by the aging of our society. This includes data for subpopulations of the elderly.

CENSUS BUREAU RESEARCH AND ANALYSIS ON AGING

Next, I shall discuss the Census Bureau's research and analysis on aging-related statistics. Through the Interagency Forum on Aging-Related Statistics, we receive about $225,000 annually from the National Institute on Aging to support the activities of our Special Populations Staff. Here are a few examples of the work of the Special Populations Staff: The primary responsibility of this staff is to develop data products on the older population, to improve the products we already have, to make recommendations for new methods and data to meet policy needs, and to represent the Census Bureau in the activities of The Forum.

We have released a number of publications in the last year that are relevant to subgroups within the older population. These include the regular report series from the Current Population Survey and the Survey of Income and Program Participation. In addition, we have produced reports such as one on the centenarian population, which included data on Black centenarians. We also will be coming out next year with an annual report on the demographic, social, and economic characteristics of the older population that will include information about the minority elderly.

Under the auspices of The Forum, we compiled an Interagency Telephone Contact List of Federal Government specialists on aging-related statistics. This list, with periodic updates, will help Congress and data users get answers to data questions and to access data in our decentralized Federal statistical system.

We developed special tabulations from the 1980 census and also a special file on health and wealth data from the Survey of Income and Program Participation. We have sent these tabulations to the National Archive of Computerized Data on Aging at the University of Michigan. Archiving these data publicizes their availability and makes it easier for data users to gain access to them.

We are also looking for ways to draw on the expertise of researchers across the country. For example, we are sponsoring research under a joint statistical agreement with the Center for Demographic Studies at Duke University. The research will assess methods that could be employed in analyzing aging-related data from the Survey of Income and Program

Participation. During the 1986-1987 academic year, we participated in a project on the Black family with the University of Atlanta; about 40 percent of the activities in this project involved studies on the Black elderly population. We are currently considering a request from Hampton University's Black Family Institute to assist in developing a data base on the Black population that will include statistics on the Black elderly.

THE DECENNIAL CENSUS AND CURRENT SURVEYS

Third, I'll discuss Census Bureau programs that produce aging-related statistics, namely the decennial census and current surveys.

The 1990 decennial census is about 2 1/2 years away. Census Day will be April 1, 1990. Our plans for this Bicentennial enumeration of the American people are nearly complete and major preparatory activities--such as address listing--begin next year.

Traditionally, people consider censuses the only reasonable source of detailed tabulations for the study of small geographic areas and relatively small population groups. The 1990 census will ask a set of basic questions for every person and household in the country. We will ask additional questions of a sample of the population. In 1980, about one out of every six housing units was included in the sample, except in places with 2,500 or fewer people, where the sampling rate was one-in-two.

Overall for the Nation, about one in every five housing units was included in the sample. (The overall sampling rate for the 1970 census was also

about one-in-five and for 1960, it was one-in-four.) We have not completed plans for the sampling pattern for 1990. Whatever the sampling rate will be in 1990, it will certainly result in a sample much larger than for any of our current surveys.

The 1980 census provided data by age, sex, and other characteristics cross-classified by specific race and Hispanic origin groups. We plan to provide similar cross-classifications for the 1990 census, but we plan to provide more age detail. For example, for some of the tabulations where "65 and over" was the highest age category we published in 1980, we plan to make "75 and over" or "85 and over" the highest categories in various reports in 1990. This means that we will present data for age categories within the "65 and over" group.

The census has many advantages over any other data source because it provides reasonably reliable, detailed tabulations for smaller geographic areas. But the census is taken only once every 10 years and the questions are more general than in surveys. The census focuses on a selection of demographic, social, and general economic questions for the overall population. There is no space on a decennial census questionnaire to ask a series of detailed questions on a particular topic, such as health questions relevant to the older population. That is the job of national surveys. But we do plan for the 1990 census to ask two general questions on limitations on mobility and caring for oneself. These questions, along with other questions about socio-economic status, will give us a good first look at the differences among subgroups of the older population. I will discuss the selection of decennial census questions a little later, but first I will mention current surveys.

Recurring national surveys, such as the Current Population Survey (CPS), the Health Interview Survey (HIS), and the Survey of Income and Program Participation (SIPP), ask detailed questions on various topics of interest in the study of the older population. Because of their relatively small sample size, these surveys provide data only at the national level for the most part. Currently, the CPS consists of 71,000 households, the HIS, 50,000 households, and the SIPP, 12,300 households in each of two panels. The small sample sizes do not provide statistically reliable estimates for small subpopulations of the older population.

Census Bureau staff have explored some statistical ways to deal with this limitation of small sample sizes. For example, we have combined data from surveys taken over several years to increase the sample size used to produce averages.

DECENNIAL CENSUS QUESTIONNAIRE CONTENT AND TABULATIONS

Finally, Mr. Chairman, I shall discuss how we make decisions on the content of the decennial census questionnaire and on what data to tabulate.

In determining the questionnaire content for the 1990 census, we had one overriding goal--to balance the needs for data against the length of the census questionnaire and the amount of time it may take respondents to fill it out. We realize that public cooperation could be undermined if the census questionnaire is too lengthy or contains questions that do not meet important public needs. We operated under the assumption that there should be no increase over 1980 in questionnaire content for the 1990 census.

As we held discussions with data users, we heard many more legitimate and valid data needs than we could reasonably satisfy. General principles govern the selection of content for the census: the census must be aimed solely at data needed to fulfill legal mandates or implement governmental programs or that are needed to meet broad societal needs. In addition, we were guided by several other principles: (1) the data should be needed for small geographical areas or for numerically small populations, (2) the questions should yield accurate data, and (3) the content should be suitable for self-enumeration.

We held discussions with numerous data users to make sure we got the proper advice on what topics should be asked in 1990. Throughout this process, we kept Congress informed through a number of hearings on content. Because of our extensive consultation with data users, the 1990 census questionnaire truly can be considered a national document. Our series of consultative meetings is too extensive to discuss in detail here, but I will mention two major programs.

Local Public Meetings, cosponsored by the Census Bureau and local and state organizations, were primary sources of information on the uses of the data at the state and local level. The meetings afforded a wide variety of users, from the private and public sectors alike, the opportunity to comment on the adequacy of the 1980 data and to suggest new or modified data elements for the upcoming census. At least one meeting was held in every state, the District of Columbia, Puerto Rico, and the Virgin Islands, and we completed the last of the 65 meetings in October 1985.

For determining Federal data needs, we sought counsel from other agencies and all major executive departments (including Health and Human Services and Housing and Urban Development). This was done through 10 Interagency Working Groups (1984-1985) and through the Office of Management and Budget's (OMB) Federal Agency Council on the 1990 Census (begun in 1984). More than 335 representatives from 35 departments, agencies, and independent commissions participated in the Interagency Working Groups. We asked the Federal agencies to identify all legal mandates or Federal programs requiring certain data. These exchanges have been important channels of communication. I will mention that, as a result of advice from these working groups, we plan to ask whether meals are included in rent. This is a question of particular interest to those studying the elderly because of the increase in congregate housing for the elderly. We also plan to expand the disability question to ask whether a person has difficulty with activities of daily living inside or outside the house.

We conducted a testing program to help us determine which of the many valid data needs raised by data users could be pursued for the census. The 1986 National Content Test was our main testing vehicle. This test was designed to provide information on the accuracy of data collected and the ability and willingness of respondents to answer the questions. The results from this test were available early this year.

In March of this year, as required by law, we reported to the Congress on the subjects we planned to ask based on test results and a thorough examination of recommendations made by the general public; officials in Federal, state, and local governments; members of the business and academic communities; and minority group leaders. In June, we submitted to the

OMB for review the questionnaires for the 1988 Dress Rehearsal censuses. The Dress Rehearsal censuses are our important dry run of the questions and procedures we will want to use in the 1990 census, and our submission to OMB reflected the subjects we had reported to Congress in March.

The OMB recommended changes to the Dress Rehearsal questionnaires and we have resubmitted the questionnaires to reflect these changes. The changes involved asking seven housing questions on a sample basis instead of on a 100-percent basis and deleting three housing questions completely. The OMB also suggested changes to reduce the overall sampling rate from about one-in-six to one-in-ten, with variable rates depending on the size of geographic area.

Our decisions on data presentation rely on the legal mandates for the data, the detail required for program implementation at all levels of government, and user recommendations for the tabulation of the 1990 census based on their emerging data needs and their experience with the data presentation from the 1980 census. For example, users have expressed their needs for expanded age detail and more information about minority elderly to reflect changing data requirements and program uses concerning the elderly population.

Planning for 1990 census data products involved extensive consultations with data users in the public and private sectors. For example, in the spring of last year, we conducted a series of 10 regional product planning meetings around the country. In November 1986, we held a conference to

present our final report on the product meetings. Based on the thousands of recommendations we received in earlier meetings, we developed proposals for census data products for discussion in these meetings.

Although I have concentrated here on the decennial census, we, of course, also get similar input on the content and tabulations of the current surveys. For example, there is an Interagency Advisory Committee that advises on the content tabulations for SIPP.

CLOSING

The 65 and over population is expected to grow more than nine times as fast as the rest of the population between now and the middle of the next century. Previous fertility patterns, namely the Baby Boom, and dramatic improvements in life expectancy will result in a larger proportion and number of older persons than the United States has ever had before. Consequently, the nature of American society will be vastly different from today. For example, there will be a much higher proportion of older persons relative to the number of younger workers.

To monitor adequately such dramatic changes requires a sophisticated statistical system. The Census Bureau is proud of its role in cooperation with Congress, other Federal agencies, and researchers, to chart these changes. If we as a society anticipate the changes that will come as America ages, then individuals and families will be better able to adjust their expectations about their futures.

Mr. Chairman, I thank you for holding this important hearing, today, and for the opportunity to come before you.

That concludes my testimony.

The CHAIRMAN. The Chair now recognizes the second witness, who is a Research Associate at Georgetown University's Center for Population Research and the Kennedy Institute of Ethics. Ms. Agree, will you please proceed in any manner that you may desire?

STATEMENT OF EMILY M. AGREE

Ms. AGREE. Thank you, Mr. Chairman, and I would like to thank the members of the committee for the opportunity to be here today.

As Dr. Keane has pointed out, today's elderly are growing both in numbers and in diversity. There is a stock in trade saying in gerontology that, "whatever we are, as we get older we just get more so." It should be no surprise then, that the elderly as a group should be at least as various as the rest of the population, if not more so. Yet, there has been a tendency by both researchers and policymakers to assume that once people pass the magic age of 65, they suddenly begin to resemble each other.

The situation today is quite the contrary. Gains in life expectancy in older ages in the United States and in particular among minorities have had a great impact in increasing the heterogeneity of the elderly population. The implications of this trend for the organization and targeting of program resources are often overlooked.

In 1980, over 2.5 million persons, or 10 percent of those aged 65 years and over, were non-white. Minority elderly have been increasing at a faster rate than white elderly in recent years, and we can expect this trend to continue well into the next century. In fact, by the year 2050, one in five older persons is expected to be nonwhite, a total of almost 13 million people.

In addition, the proportion of the oldest-old within the older population is increasing rapidly in each racial and ethnic group. By the year 2000, nearly one in two older persons in the United States will be over the age of 75.

I reiterate these trends, because they do have far-reaching policy implications. Significant differences exist within the older population in terms of such key quality of life factors as income, health, and social supports.

Poverty rates, in general, are higher among minorities, oldest-old, for women, and those who live in rural areas. The cumulative effects of these differences are staggering, making very old, nonwhite, rural women the poorest of all. For example, although only about 6 percent of white men between the ages of 65 and 69 in urban areas live below the poverty level, 42 percent of Hispanic and 55 percent of black women over 75 in rural areas struggle with the daily problems of poverty.

In addition, poverty rates for white elderly have been declining rapidly since 1970, while the relative number of impoverished Hispanic and black elderly has increased over time. Because of this, the economic gap between white and minority elderly has widened.

Income and poverty status are the most dramatic, but not the only indicators of need for services among the elderly. Minority elderly are less likely to live in institutions. More minority elderly remain in the community and are cared for by family, friends and relatives.

The greater proportions of minority elderly in the community represent a population more likely to be in need of the services supported by area offices on aging.

Amendments to the Older Americans Act currently under consideration include proposals to greatly expand services to older persons who may be eligible for but not currently receiving benefits under the SSI, medicaid and Food Stamp Programs.

These forms of assistance are of specific concern to minority elderly. Cultural and language differences, along with lower income, often make their access to health care services particularly difficult. In 1980, despite high levels of medicaid eligibility, only 71 percent of the eligible Hispanic aged were actually enrolled.

By any number of indicators, it is readily apparent that minority elderly are the most disadvantaged among the elderly. They often lack the personal and financial resources that allow one to age in dignity and comfort, and have greater difficulty gaining access to those services intended to meet their needs.

Although nationally we can identify "high risk" groups, and create a convincing portrait of the needs of older minority populations, these national averages are not necessarily representative of the population in any given local area.

From my own research developing portraits of minority elderly in each of the 50 States, I can cite a number of examples of regional differences in the size and structure of elderly populations.

For instance, in Connecticut in 1980 minority elderly accounted for only 4 percent of the State's older population. In the State of Hawaii, almost three-quarters of the population over 65 were minorities, the vasty majority being Asian and Pacific Islander.

Characteristics of minority elderly also differ greatly from State to State. Although 35 percent of black elderly nationwide had incomes below the poverty level in 1980, poverty rates for black elderly by State range from as high as 51 percent in Arkansas and Mississippi to as low as 6 percent in Alaska, which is lower than the 10-percent poverty rate for white elderly in Alaska.

It should be noted that these differences have only been disaggregated from published data on the State level, and that local area estimates show even greater variability.

Whereas in 1980, about 3 percent of the U.S. population over 65 were Hispanic, in the State of California 7 percent of the elderly were Hispanic, and among Mr. Roybal's constituency in the Twenty-Fifth Congressional District, over 36 percent of the older population were of Spanish origin.

It can readily be seen from these examples, then, that although national statistics provide useful guidelines for targeting high-risk groups, national averages only identify the relationship between certain population characteristics, such as being a minority or being extremely aged, and a potential need for services, but they do not translate uniformly or directly into needs assessment on the community level.

Proposed amendments to the Older Americans Act require greatly increased efforts by State and area Offices on Aging to reach older persons with the greatest social or economic needs, in particular to low-income minority elderly. Implicit in this recommen-

dation is the requirement that these agencies be able to accurately identify those elderly in the greatest need in their service areas.

Area agencies have the capacity only to measure actual levels of service use. They can only identify those older persons who know of and avail themselves of services. It is the old story that you can't measure unmet needs by measuring services provided. You can't tell how many people you have yet to reach until you know how many there are. You can't ask the patrons of your day care center why the people who aren't there haven't shown up.

It is the financially impoverished, the socially and geographically isolated that are the most difficult to find, particularly among the frail elderly. Accurate and reliable estimates of these groups is therefore essential.

The mainstay of local area population statistics is the decennial Census. When our population census is performed, as Dr. Keane has stated, characteristics such as age, sex and race are collected through a complete enumeration of the population. Social and economic characteristics are collected from a representative sample across the country.

The State portraits which I have compiled for minority elderly were prepared using this sample data. I was not able to include estimates for some groups in some States because the margin of error in the data for such small subgroups is so great that even on the State level, sub-national estimates are nearly meaningless.

These estimates are based on the one-in-six sampling fraction used with the long form during the 1980 Census.

The Office of Management and Budget, in its comments on the 1988 Decennial Census Dress Rehearsal Proposal, has suggested reductions in the sampling rate used to collect data on poverty and social characteristics such that the total national sample size would be reduced from 19 million households to no more than 10 million households.

This would reduce the overall proportion sampled from one in six or one in five to about one in 16, with important implications for the reliability of estimates.

Now, no one can do a better job of estimating the effects of this proposal than the Census Bureau, and I know that Dr. Keane and this staff are working on the implications of a changed sampling pattern, and I look forward to their presenting their findings soon.

The following comments that I offer are intended as a general aid in understanding the issues involved in the reliability of sample data.

There are two types of error in data collection. In both the full Census and sample data collection, there are consistent sources of error called bias, which affect the quality of the data. Bias is the name given to problems such as non-response and undercount among others. Quality control and techniques of adjustment and allocation are used by the Census Bureau in order to reduce bias.

The other source of error in sampling from a population is sampling error or standard error. An estimate derived from a sample is never accurate in the same way as a complete enumeration. Each sample drawn from a population will produce somewhat different estimates for that population. Some will be higher, and some lower than the true values which would be obtained from a complete enu-

meration. These differences arise from the chance or random composition of the sample.

Because the expected relationships between sample estimates and population values are well established in probability theory, statistical techniques enable us to measure how much a sample estimate probably differs from the value that would have been obtained with a complete Census.

In actual practice, we understand the reliability of a given estimate by using the standard error to create a confidence interval.

The two factors which contribute most greatly to the size of this confidence interval are: one, the proportion of the population used as a sample; and, two, the actual number of persons in the sample.

For example, the Census Bureau estimates that in 1980 in Alabama, 65 percent of black men over 85 who were living alone had income below the poverty line. The figure which I have attached to my written statement and distributed shows the reliability of this estimate under different sampling schemes, and it looks like this.

With a 20-percent sample which is the sample that the Census Bureau did use in 1980, we were actually saying that we are confident—well, 90 percent confident—that between 55 and 74 percent of this group are impoverished.

If we were to sample only 5 percent of the population, as you see at the extreme left of the graph, then this margin more than doubles, so that we could only state with confidence that somewhere between 43 and 86 percent of these men live in poverty.

The difference in the magnitude of the error with a 5-percent sample and a 20-percent sample would be minimal in and of itself. The impact of this proposed reduction will be in dramatic decreases in the absolute size of the samples upon which our estimates are based.

The actual number of persons represented in this illustration is 381. This would have been based on about 76 persons in the 1980 sample. A 5-percent sample would mean that this estimate would be derived from only 19 respondents.

The effect of this difference in actual sample size would clearly be great. Local area estimates on small groups such as the minority elderly will be virtually meaningless. In some cases, even State level measures will not be statistically reliable.

In addition to the overall reduction in sample size nationally, the Office of Management and Budget has proposed that the Census Bureau consider a variable rate sample where the sampling fraction of one in six would be maintained for the least populated Census tracts, but be reduced to as low as one in 20 for more heavily populated areas.

Reduced sampling fractions in highly populated areas will have a direct impact on the measurement of characteristics of the elderly population. Minority elderly are far more likely to live in urban, highly populated areas, although they comprise a small subgroup of this population.

The difficulties in compiling an accurate statistical portrait of minority elderly will only be compounded by the extreme reduction in sampling fractions in these areas.

In sum, I would certainly recommend maintaining current sample size of the 1990 Census, as well as increased concentration

on analysis and dissemination of detailed data for elderly cross-classified by age, and by racial and ethnic group.

However, increased focus on the analysis and availability of data is dependent upon the reliability of these estimates.

Proposals to reduce the sample size for the 1990 Census will make little difference for national estimates, and limited differences in the reliability of State estimates, but the potential effect of these proposals on local area planning capacity is significant. Even in our largest metropolitan areas, the capacity to reliably estimate the numbers of the most vulnerable requires broad coverage of the full population.

If the purpose of decentralization of service programs, and services to the elderly in particular, is intended to eliminate that which is unnecessary, to provide those services which are specifically targeted towards the local agency catchement area efficiently and appropriately, then accurate small area estimates for the neediest groups within the elderly population are essential.

Questions have been raised as to whether a full population census is necessary in order to obtain these estimates, or whether equivalently accurate data could be obtained during intercensal periods through local area small-scale surveys.

I do not believe so. Few local agencies have either the infrastructure or the funds available to them to perform as thorough a survey procedure as that done every 10 years by the U.S. Bureau of the Census. Nor do local offices have access to those with the expertise to perform necessary statistical adjustments and allocations in order to increase the accuracy of estimates biased by non-response and other forms of non-sampling error.

Small area surveys would also lack standardization, one of the hallmark features of the Census. A collection of local area surveys would always be similar, but not comparable, and restricted to the geographic boundaries of the original survey. As the Census is now structured, estimates can be tabulated for governmental, geographic, or service areas with varying degrees of specificity, in a standard form.

Decisions that we make now about the structure and content of the 1990 Census will affect policy decisions being made as far into the future as the year 2001. Estimates derived by demographers for the local areas during intercensal periods are based primarily on the decennial Census. Without an accurate baseline, even the most sophisticated modern techniques of extrapolation cannot yield meaningful estimates.

Thank you very much.

[The prepared statement of Ms. Agree follows:]

Revised
10/19/87

PREPARED STATEMENT
FOR THE
U.S. HOUSE OF REPRESENTATIVES
SELECT COMMITTEE ON AGING

HEARING ON
DEMOGRAPHIC DATA FOR PLANNING AND POLICY
WITH ELDERLY SUBPOPULATIONS

OCTOBER 20, 1987

by

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Today's elderly are growing both in numbers and in diversity. It is not surprising that a group whose age range now spans 40 years, should be at least as various as the rest of the population. Yet, there has been a tendency often to assume that once people pass the magic age of 65, they suddenly begin to resemble each other. The situation today is quite the contrary. Gains in life expectancy at the older ages in the United States, and in particular, among minorities has had a great impact in increasing the heterogeneity of the elderly. The implications of this trend for the organization and targeting of program resources, is often overlooked.

One important source of diversity within the older population is race and ethnicity. In 1980, over two and one-half million persons, or 10% of all persons aged 65 years and over, were non-white. Minority elderly have been increasing at a faster rate than White elderly in recent years and we can expect this trend to continue well into the next century. By the year 2025 15% of the population are projected to be non-white and by 2050, one in five older persons is likely to be non-white, a total of almost 13 million persons.

In addition, the proportion of the oldest-old within the older population is increasing rapidly in each racial and ethnic group. By the year 2000, nearly 1 in 2 older persons in the United States will be over the age of 75.

I reiterate these trends, with which you are undoubtedly quite familiar, because they do have far-reaching policy implications. Significant differences exist <u>within</u> the older

population in terms of such key quality of life factors as income, health and social supports.

From census and national survey data, we know that the elderly, and in particular, minority elderly and the very-old, are more likely than other subgroups of the population to have the greatest per capita need for services, such as income maintenance, housing, meal services, transportation, and health care.

Research conducted at Georgetown University and supported by the American Association for Retired Persons indicates, for example, that whereas one-fifth of the white population over 65 lived below 125% of the poverty level[1], over one-third of Spanish Origin elderly, and almost one-half of black elderly nationwide were impoverished in 1980.

Poverty rates, in general, are higher for the oldest-old, for women, and those who live in rural areas. The cumulative effects of these differences are staggering, making very-old, non-white, rural women, the poorest of all. For example, only 6.4% of white men between the ages of 65 and 69 live below the poverty level, but 27% of white, 42% of spanish-origin, and 55% of black women over 75 in rural areas struggle with the daily problems of poverty.

In addition, poverty rates for white elderly have declined rapidly since 1970 while the relative number of impoverished

[1] This is equivalent to a threshold in 1979 of $4,349 for individuals over 65 living alone. 125% of the poverty level was $5,486 for households with two persons where the householder was 65 years or older. These figures do not include non-monetary sources of income.

Hispanic and Black elderly has increased over time. Becuase of this, the economic gap between white and non-white elderly has widened. / In 1970, the poverty rate for black elderly was about 2.5 times that for white elderly, and the Hispanic rate about twice as high, whereas by 1980, the Hispanic poverty rate for elderly was three times, and the Black poverty rate 3.5 times the poverty rate for white elderly.

Income and poverty status are the most dramatic, but not the only indicators of need for services. Non-white elderly are less likely than whites to live in institutions. Whereas more than one-quarter of all Whites over 85 lived in institutional arrangements in 1980, only about 1 in 8 Black and 1 in 10 of the Hispanic oldest-old did.

Lower rates of institutionalization among minority elderly do not translate into better relative health status. Although older persons living in the community are, on average, less disabled than the institutional population, institutionalization simply represents one way in which care needs of the elderly are met. The greater proportions of minority elderly living in the community, therefore, represent a population more likely to be in need of the services supported by Area Offices on Aging.

Amendments to the Older Americans Act currently under consideration include proposals to greatly expand outreach services to older persons who may be eligible for but not currently receiving benefits under the SSI, Medicaid and Food Stamp programs. Minority elderly in immigrant populations, such as Hispanic or Asian elderly, are particularly likely to be in

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this group. They often encounter the additional barriers of language in gaining access to health and other community services, and have great difficulty navigating the Medicaid enrollment system. For example, in 1980, despite high levels of Medicaid eligibility, only 71% of the eligible Hispanic aged were actually enrolled.

Education is also a factor which may influence knowlege of and ability to access services in the community. As members of immigrant groups, Asian and Hispanic elderly typically have low levels of education. Whereas less than 2% of white elderly in 1980 had no formal education, about 6% of black, 13% of Asian and more than 16% of Spanish persons over 65 lacked schooling.

By any number of indicators, it is readily apparent that minority elderly are the most disadvantaged among the elderly, often lacking not only the personal resources and financial assets that allow one to age in dignity and comfort, but knowledge of and access to those services intended to ameliorate their needs.

Targeting High Risk Groups

Although nationally we can identify 'high risk' groups among the elderly which are most likely to be in need of services, and create a convincing portrait of the needs of older minority populations, the national averages are not necessarily representative of the population in any given local area.

From my own research developing portraits of minority elderly in each of the 50 states, I can cite a number of examples of basic differences in the size and structure of elderly populations. For instance, In Connecticut in 1980 there were about 16,000 minority elderly, who accounted for only 4% of the state's older population. In the state of Hawaii, 56,000 persons, almost three-quarters of the population over 65 are minorities, the vast majority (95%) being Asian and Pacific Islander (See table 1).

Characteristics of minority elderly also differ greatly from state to state. For example, poverty rates for Black elderly by state range from as high as 51% in Arkansas and Mississippi, to as low as 6% in Alaska (lower than the 10% poverty rate for white elderly). For Hispanic elderly, the highest proportion living below poverty are in Texas and Mississippi (39 and 41% respectively) and the lowest in California and Wisconsin (13%) (See table 1).[2]

It should be noted that these differences have only been

[2] Poverty thresholds are computed on a national basis only. No adjustments for regional differences in cost of living have been done in defining the poverty line.

disaggregated from published data on the state level, and local area estimates show even greater variability.

Whereas, in 1980, about 3% of the U.S. population over 65 were Hispanic, in the State of California, 7% of the elderly were Hispanic, and in the 25th congressional district in California, East Los Angeles, over 36% of the older population in the 25th district were of Spanish Origin.

It can readily be seen from these examples, then, that although national statistics provide useful guidelines for targeting high risk groups, that they cannot be assumed to be representative of the structure of the elderly population in smaller areas.

National averages identify the relationship between certain population characteristics (such as being a minority or extremely aged) and potential need for services, but they do not translate uniformly or directly into needs assessment on the community level.

Implications of Accurate Local Area Data for Service Provision

Title III requires that State Units on Aging (SUA) and area agencies on aging (AAA) ensure that all older persons have reasonably convenient access to information and referral services within their communities. It is therefore the responsibility of the SUA's and AAA's to make their older population aware of the services which they contract to provide.

Proposed amendments to the Older Americans Act require greatly expanded outreach efforts by State and Area Offices on

Aging towards older persons with the greatest social or economic needs, in particular to low-income minority elderly. Implicit in this recommendation is the requirement that these agencies be able to accurately identify those elderly in the greatest need in their service areas.

Area agencies have the capacity only to to measure actual levels of service use. They can only identify those older persons who know of and avail themselves of services. It is the most vulnerable populations with the greatest needs that are often the most difficult to find, particularly among the frail elderly. Accurate and reliable estimation of those groups most likely to be in need of services is therefore essential.

Implications of proposed reductions in sample size for 1990 Census in Obtaining Local Area Estimates for High Risk Groups

The mainstay of local areea population Statistics is the Decennial Census. When our population census is performed, characteristics such as age, sex, and race are collected through a complete enumeration of the population. Social and economic characteristics are collected from a representative sample across the country.

The Office of Management and Budget, in its comments on the 1988 Decennial Census Dress Rehearsal Proposal, has suggested reductions in the sampling rate used to collect data on poverty and social characteristics such that the total national sample size would be reduced from 19 million households to no more than 10 million households. This proposal is not likely to affect the

reliability of national estimates. Its greatest impact will be on state and local area estimates.

The tables which I have shown here for White and minority elderly lack data on some groups in some states. I have not included these estimates because the margin of error in the data for such small subgroups is so great that, even on the State level, sub-national estimates are nearly meaningless.

These estimates are based on the one-in-six sampling fraction[3] used with the "long-form" during the 1980 census. Proposals to reduce the sample size for the long form in 1990 would reduce the overall sampling fraction to about one-in-sixteen, with important implications for reliability of estimates.

Noone can do a better job of estimating the effects of this proposal than the Census Bureau. I know that their staff is working on the implications of a changed sampling pattern and I hope that they will present their findings soon. The discussion which follows is intended as an aid in understanding the reliability of sample data.

Non-Sampling Error (bias)

. For both actual enumeration (full census) data collection and sample data collection, there are consistent sources of error, called 'bias' which affect the quality of the data.

Bias can arise from a number of sources: Non-random

[3] In counties, incorporated places, and minor civil divisions estimated to have fewer than 2,500 persons, a one-in-two sampling fraction was used.

sampling procedures, respondent error, non-response, and undercount, among others. Its critical quality is that it is systematic error--it pushes the estimate in one direction or another. Quality control, and techniques of adjustment and allocation are used by the Census Bureau in order to reduce bias.

Sampling Error

The other source of error in sampling from a population is sampling error, or standard error. Even with it bias, an estimate derived from a sample is not accurate in the same way as complete enumeration. Each sample drawn from a population will produce estimates for that population. Some will be higher, and some lower than the true values which would be obtained in a complete enumeration. These differences arise from the chance, or random composition of the sample.

Because the expected relationships between sample estimates and population values are well established in probability theory, statistical techniques enable us to measure how much a sample estimate probably differs from the value that would have been obtained with a complete census.

In practice, we understand the reliability of a given estimate by using the standard error to create a confidence interval. Thus, we can state with 95% confidence, that the true population value falls within two standard errors below or above our sample estimate for any estimate.

In actual practice, therefore, we are dependent upon the magnitude of our standard error to determine the degree of

confidence we have in a given sample estimate. The smaller our standard error, the greater the precision of our estimate.

Sample size and Standard Error

The magnitude of the standard error is dependent upon the absolute size of a sample and its proportion within the population. For example, the Census Bureau estimates that, in 1980 in Alabama, 65% of Black men over 85 who are living alone had income below the poverty line. Figure 1 illustrates the reliability of this estimate under different sampling schemes. With a 20% sample, as was used in 1980, we are actually saying that we are confident[4] that between 55 and 75 percent of this group are impoverished. Sampling only about 5% of the population more than doubles this margin so that we could only state with confidence that somewhere between 43 and 86% of these men live in poverty.

The most important factor in reducing this margin of error is the absolute size of the sample. Figures 2 and 3 show the relationship between these factors and relative size of the error.

As can be seen from these two illustrations, the difference in the magnitude of the error with a .06 sampling fraction (one-in-16) and a .16 sampling fraction (one-in-six) is minimal in and of itself. The impact of this proposed reduction will be in dramatic decreases in the absolute size of the samples upon which our estimates are based. For an actual population of

[4] 90% confidence interval

1000 persons, a 1:6 sampling fraction will yield approximately 167 persons upon which to base an estimate, and a 1:16 ratio would yield only 63 persons. As can be seen from Figure 3 the effect of this difference in actual sample size would be great.

Local area estimates on small groups, such as the minority elderly, will be virtually meaningless. In some cases, even state level measures will not be possible.

In addition to the overall reduction in sample size nationally, the Office of Mangement and Budget has proposed that the Census Bureau consider a variable rate sample, where the sampling fractions of 1-in-6 would be maintained for the least populated census tracts but be reduced to as low as 1-in-20 in more heavily populated areas.[5]

When different sampling fractions are used for different subgroups of the population, each individual in the sample counts differently towards the overall portrait of the population. For example, if the population of New York City is sampled at a rate of 1-in-20, then each individual in the sample is considered to represent the characteristics of 20 persons in that area. In an area where the sampling fraction is 1-in-2, each person is only representative of themselves and one other person.

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[5] The major reasons to choose to use variable rate sampling is to reduce the costs of sampling and interviewing. The major drawback to systematic over- and under-sampling is the introduction of unknown elements of bias into the sample.

The danger in this sampling design is mainly that the degree of variability in any given population characteristic is less likely to be accurately portrayed when only one in twenty households are sampled. In particular, the greater heterogeneity of city populations is likely to be lost.

Reduced sampling fractions in highly populated areas will have a direct impact on the measurement of characteristics of the elderly population. Minority elderly are far more likely to live in urban, highly populated areas, although they comprise a small subgroup of these local populations. The difficulties in compiling an accurate statistical portrait of minority elderly will only be compounded by the extreme reduction in sampling fractions in these areas.

General Recommendations

I would certainly recommend maintaining current sample size for the 1990 Census long form, as well as increased concentration on analysis and dissemination of detailed data for elderly cross-classified by age and racial and ethnic group.

However, increased focus on the analysis and availability of data is dependent upon the reliability of these estimates. The opportunity for thorough and accurate data collection which the Census of Population offers us once every ten years is one of great importance in setting policy at national and sub-national levels.

Proposals to reduce the sampling fraction for the 1990 census will make little difference for national estimates, and limited differences in the reliability of state estimates, but the potential effect of these proposals on local area planning capacity is significant. Even in our largest metropolitan areas, the capacity to reliably estimate the numbers of the most vulnerable, such the very-old, hispanic elderly in poverty,

requires broad coverage of the full population.

While these minority older populations may be small in absolute and relative size, their needs, including those for services, are disproportionate to their numbers.

Conclusion

If the purpose of decentralization of service programs and services to the elderly in particular is intended to eliminate what is unnecessary, to provide those services which are specifically targeted towards the local AAA catchement area efficiently and appropriately, then accurate small area estimates for the neediest groups within the elderly population are essential.

Questions have been raised as to whether a full population census is necessary in order to obtain these estimates, or whether equivalently accurate data could be obtained during intercensal periods through local area small-scale surveys. I do not believe so. Few local agencies have either the infrastructure or the funds available to perform as thorough a survey procedure as that done every ten years by the U.S. Bureau of the Census. Nor do local offices have access to those with the expertise to perform necessary statistical adjustments and allocations in order to increase the accuracy of estimates biased by non-response and other forms of non-sampling error.

Small area surveys would also lack standardization, one of the hallmark features of the census. A collection of local area surveys would always be similar. but not comparable, and

restricted to the geographic boundaries of the original survey. As the census is now structured, estimates can be tabulated for governmental, geographic, or service areas with varying degrees of specifity, in a standard form.

Standardization of data collection in no way inhibits innovation in service provision at the local level. Rather, it enhances the possibility of implementing appropriate programs.

Decisions that we make now about the structure and content of the 1990 census will affect policy decisions being made as far into the future as the year 2001. Estimates derived by demographers for the local areas during intercensal periods are based primarily on the decennial census. Without an accurate baseline, even the most sophisticated modern techniques of extrapolation cannot yield meaningful estimates.

TABLE 1.

SELECTED STATISTICS FOR THE MINORITY ELDERLY POPULATION BY STATE: UNITED STATES, 1980

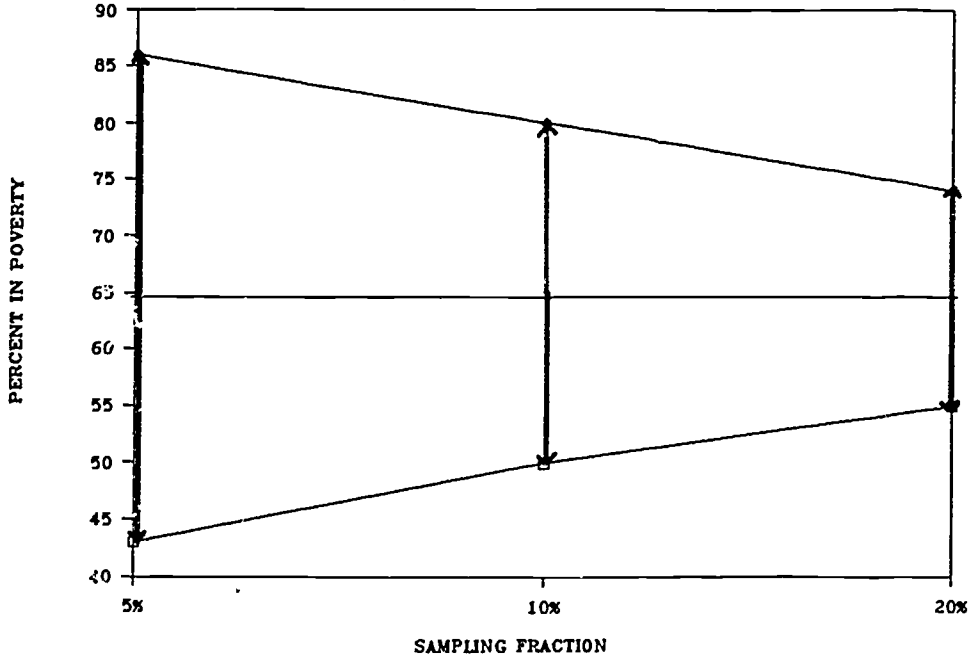
STATE	TOTAL MINORITY* ELDERLY		PERCENT OF ELDERLY BELOW 100% OF POVERTY BY RACE AND SPANISH ORIGIN				
	%	NUMBER (000)	WHITE	BLACK	NATIVE AMERICAN	ASIAN	HISPANIC+
ALABAMA	25%	110	23%	45%	39%	28%	38%
ALASKA	28%	3	10%	5%	28%	4%	--
ARIZONA	11%	33	10%	40%	56%	21%	29%
ARKANSAS	16%	49	24%	51%	31%	33%	36%
CALIFORNIA	16%	378	7%	17%	12%	11%	13%
COLORADO	9%	22	12%	26%	25%	21%	26%
CONNECTICUT	4%	16	8%	25%	13%	14%	23%
DELAWARE	12%	7	11%	30%	--	17%	20%
WASHINGTON D.C	60%	44	9%	25%	--	27%	26%
FLORIDA	12%	199	11%	42%	28%	19%	27%
GEORGIA	24%	124	20%	44%	30%	30%	27%
HAWAII	74%	56	8%	21%	--	11%	16%
ILLINOIS	10%	131	10%	29%	25%	14%	20%
INDIANA	6%	34	12%	26%	32%	18%	19%
IOWA	1%	5	13%	24%	9%	24%	14%
KANSAS	5%	14	14%	31%	25%	21%	20%
KENTUCKY	7%	29	22%	39%	43%	29%	32%
LOUISIANA	29%	115	21%	47%	39%	44%	27%
MARYLAND	16%	63	10%	29%	35%	13%	17%
MASSACHUSETTS	3%	21	9%	17%	15%	15%	21%
MICHIGAN	10%	93	11%	24%	27%	16%	16%
MINESOTA	1%	6	15%	22%	33%	25%	23%
MISSISSIPPI	33%	97	26%	51%	51%	39%	41%
MISSOURI	8%	51	16%	31%	27%	26%	20%
MONTANA	3%	2	14%	39%	--	15%	19%
NEBRASKA	2%	4.5	15%	26%	41%	17%	23%
NEVADA	8%	5	10%	20%	29%	16%	15%
NEW JERSEY	9%	80	9%	25%	23%	12%	25%
NEW MEXICO	31%	36	17%	39%	52%	13%	35%
NEW YORK	12%	256	10%	25%	23%	20%	25%
NORTH CAROLINA	20%	121	20%	40%	39%	32%	29%
NORTH DAKOTA	1%	1	17%	--	37%	--	--
OHIO	8%	93	11%	29%	35%	22%	23%
OKLAHOMA	10%	38	19%	39%	31%	25%	23%
OREGON	2%	7	12%	30%	28%	19%	23%
PENNSYLVANIA	7%	106	11%	27%	24%	18%	26%
RHODE ISLAND	3%	3	13%	32%	38%	14%	17%
SOUTH CAROLINA	3%	79	18%	45%	38%	29%	36%
SOUTH DAKOTA	3%	2	19%	--	50%	--	15%
TENNESSEE	15%	75	22%	41%	39%	29%	36%
TEXAS	3%	3.5	18%	43%	29%	21%	39%
UTAH	14%	189	11%	25%	36%	15%	24%
VIRGINIA	18%	91	14%	33%	28%	17%	24%
WASHINGTON	4%	17	11%	25%	30%	18%	25%
WEST VIRGINIA	5%	12	18%	25%	34%	16%	23%
WISCONSIN	2%	12	9%	18%	16%	15%	13%

* Includes all but non-hispanic white population.
\+ Hispanic persons may be of any race.
NOTE: SOME BLOCKS ARE EMPTY DUE TO LACK OF RELIABLE DATA
NOTE: IDAHO, MAINE, NEW HAMPSHIRE, VERMONT, AND WYOMING NOT INCLUDED DUE TO LACK OF RELIABLE DATA BY RACE AND SPANISH ORIGIN
SOURCE: U.S. Dept. of Commerce, Bureau of the Census, 1980 Census of Population.

FIGURE 1

BLACK MEN 85+ LIVING ALONE & IN POVERTY

ALABAMA, 1980: CONFIDENCE INTERVALS

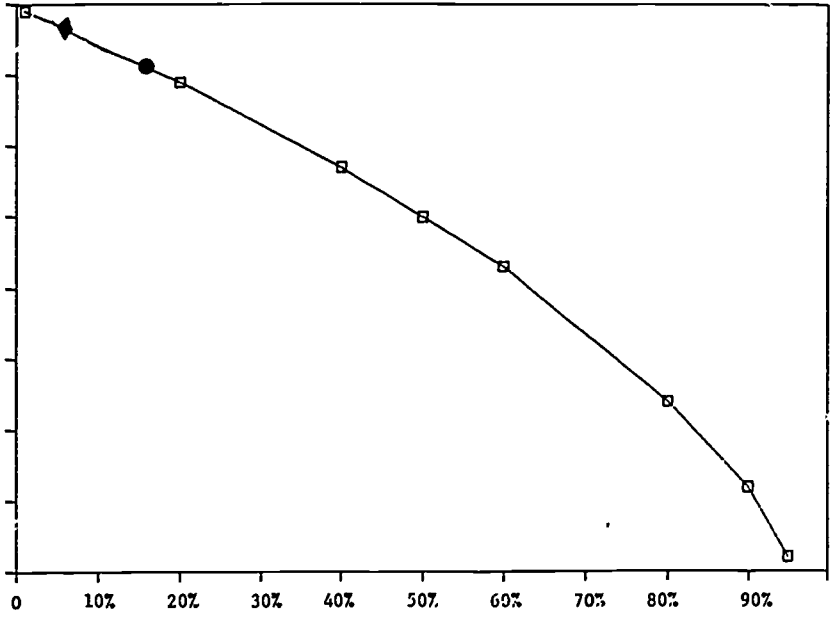


Source: U.S. Dept. of Commerce, Bureau of the census.
Special Tabulations for the National Institute on Aging.

FIGURE 2

IMPACT OF INCREASE IN SAMPLING FRACTION

ON REDUCTION IN STANDARD ERROR



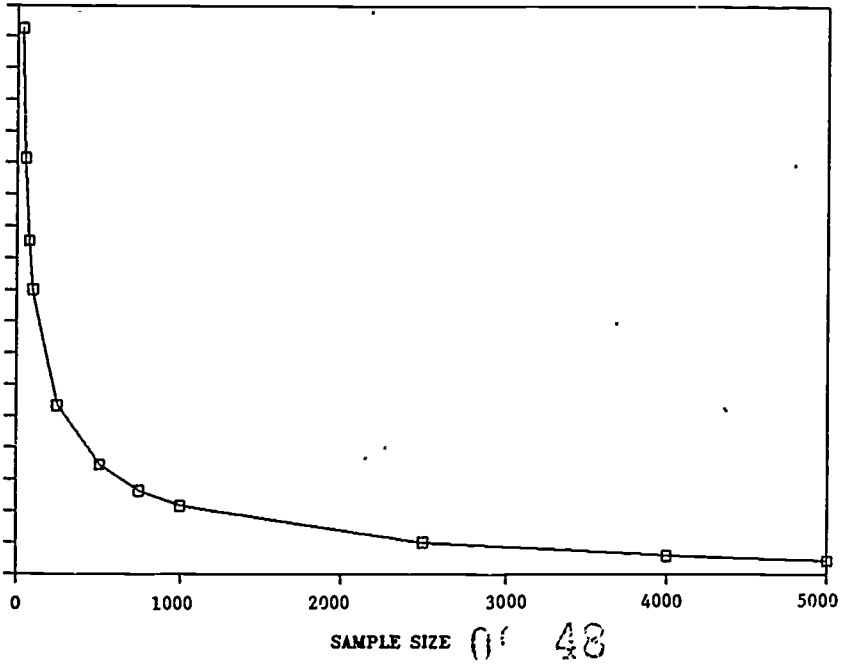
◆ One in sixteen sampling frame

● One in six sampling frame

FIGURE 3

IMPACT OF ABSOLUTE SAMPLE SIZE

ON REDUCTION IN STANDARD ERROR



The CHAIRMAN. Thank you.

My third witness is the Executive Vice President of the National Council of La Raza. Ms. McKay, will you please proceed in any manner you desire?

STATEMENT OF EMILY GANTZ McKAY

Ms. McKAY. Thank you, Mr. Chairman and members of the committee. I appreciate the opportunity to be here. My perspective is slightly different from what you have heard, although I am in agreement, especially with what was just said.

I represent the National Council of La Raza, which is one of the largest national Hispanic organizations. We directly represent a network of about 80 national, regional and local Hispanic organizations serving 32 States, Puerto Rico and the District of Columbia. They serve about a million people annually, and they are very concerned, and we are very concerned, about the lack of data on the Hispanic elderly and its implications for us at the national policymaking level and the State and local levels.

I think it is a fact in this country that if you can't document a problem with statistics, there is too often an assumption that there is no problem. And that is what we face when we try to talk about the needs of the Hispanic elderly.

There is also a problem in general with Hispanic statistics. If the Roybal amendment, Public Law 94-311, which was passed over a decade ago, had been implemented, probably we would not be sitting in front of you now talking about the lack of data.

That amendment called for Federal agencies to do a better job of collecting, tabulating, analyzing and publishing Hispanic data, and while there have been some improvements over time, our problem remains—and is not only with the Census.

We depend to a tremendous degree on the 1980 Census for anything we want to know about Hispanic elderly. You have heard about some of the problems with the 1980 Census, and potential problems with the 1990 Census, and you can see why we are so concerned, because that is our principal source of data. But there are also other sources where people get their data on elderly. There are the current population surveys, there are national surveys done by Federal agencies, there are client data which tell us who is being served, and then there are a variety of special surveys.

None of these in general do an adequate job of sampling Hispanics to the extent that we can provide either State and local data or subgroup data, and while we talk about Hispanics as if they are a homogenous population, of course, they are not.

Hispanics are an extremely varied population, and the Hispanic elderly are an especially varied population. We are talking about an overrepresentation by age of Cubans, who overall are the least poor Hispanics, and of other Hispanics. We are talking about a smaller, but poorest group of Puerto Rican elderly—and then the largest group, Mexican-Americans who are different in that they have the least education. And there are other specific differences.

We can't get data on them. The best we can do is have data on Hispanic elderly nationally. That is not sufficient to plan programs, and it is not sufficient to make policy.

What I want to talk to you about most today is a report that was just released by the National Council of La Raza, "The Hispanic Elderly: A Demographic Profile," which was, by the way, supported by private sector funds from the Travelers Companies Foundation and the Villers Foundation. It was an attempt to pull together initially some sense of what was going on with the Hispanic population nationally, and we are now about to do case studies at the local level. We are going to have to do case studies, because nothing more recent than the 1980 Census tells us much of anything about the local level.

I think the kinds of things we found demonstrate the importance of data and the problems that we face because of inadequate data. The Hispanic elderly are a small proportion of the total elderly, about 3 percent, but the fastest growing elderly group; they are going to be 6 percent pretty soon.

They are also a relatively small proportion of the Hispanic population which is the youngest population in the country. Our median age is about 25 as compared to 33 for the general population, so even among Hispanic groups, you find that the major focus tends to be on families and younger people. But we all know that this population is aging, and that we have very major potential for intergenerational problems if we don't begin to address these difficulties.

We in the Hispanic community and those of us who represent the Hispanic community have a little time, because our elderly population is just starting to be a major component.

We also think we are a model for the rest of society in the sense of extended families and very strong families who wish to keep their elderly with them in the community. But we face tremendous challenges, and we do not think it is a reasonable solution to ask a family to decide whether the high school student will stay in school, or the elderly person will have enough to eat.

That is not a reasonable choice to have people make, and the intergenerational issue is going to be very major, not only for Hispanics, but for the entire population. If you don't look at what you have and where you are going, you end up later with the kind of crisis that we face related to the homeless and other issues, simply because we did not document issues and determine what the needs were.

The National Council of La Raza wanted to find out what the status of the Hispanic elderly was. We weren't going out there to find out about availability of data; we were going out to determine where Hispanics were in terms of socioeconomic status.

However, not surprisingly—and we predicted this, of course—we found that a lot of the things we need to know we could not determine. The data simply are not available. Subgroup data aren't available, and sometimes data with Hispanic identifiers aren't available.

Under block grants and under efforts to reduce paperwork, this country has in many cases reduced rather than increased the amount of client data that are collected, so we cannot tell you, for example, how many Hispanics receive medicaid or medicare.

Some things are being done better; some are being done worse. Title XX social services provides a lot of meals. We don't know who

is getting them. If you do not know who is served, and you do not know who is not served, it is very hard to set priorities rationally when there is inadequate funding to serve everybody. What happens is because we don't have the data on Hispanic elderly, the money goes somewhere else.

We found a lot of things about the Hispanic elderly community that show the importance of understanding differences between groups. In some ways Hispanics are similar to other elderly people; in some ways they are different.

They are also different among themselves, and you cannot plan programs at the local level based on some general understanding of what the elderly need. You have to understand the individual population.

For example, some of our findings have major policy implications. The Hispanic population is very heavily geographically concentrated. Seven out of 10 Hispanic elderly live in California, Texas, Florida and New York. So, if allocation of funds does not follow that, we have a major problem in serving our elderly.

We know that Hispanics are especially likely to live in the community, as are blacks, and also especially likely to live in multigenerational families. We have always believed that because it is important in our culture, but we find that the data support it.

Now, our friends at Census—whom we consider the most useful and helpful of all Federal agencies—did everything they could to help us, but there are some analyses that were simply not done in 1980 which we need in order to look at our population.

For example, in 1970, there was some work done on what the family structure looked like and that let us see when elderly were living in multigenerational families; were they, for example, the householder or was the child the householder, who was the major means of support, who owned the home, or rented the home?

Some of those data were available for 1970, but it wasn't available at all for 1980, so we went around doing extrapolations with a little help from Census, and found some things that we think are very important.

In 1970, it was clear that if you looked at a three-generational family, the group most likely to have the elderly person be the head of the household was blacks. What you had was black elderly people with their children and grandchildren living with them, and they were the householders.

Hispanics in 1980, when we could get those data, were more likely than anybody else to live in three-generational families where they were the parent or parent-in-law of the householder. That means our children are still taking care of our elderly whenever they can in their own families, and that, of course, has tremendous policy implications.

Supposedly, we are all trying to support families. Presumably that means supporting extended families and helping them to maintain themselves, and yet we have a lot of policies which break up extended families.

For example, most of our elderly housing assistance requires an elderly person to live in a housing project, a one-bedroom apartment where they sometimes don't even allow children during the day.

Now, for some elderly, and that includes some Hispanic elderly—the Council has built some of that housing—that is a terrific solution, but if I am an elderly person living with my son and daughter-in-law and three children, and I can provide child care, and I can help maintain that family and pass on traditions and keep that family together, should my family be denied a couple of hundred dollars a month to keep me with them? They can't get any funding if I live with them, whereas if I go live in an elderly project, somebody will pay for it.

It doesn't make sense. It would be cheaper to maintain the elderly person in the extended family, and that has many benefits for the family, and yet our policies are such that we discourage the extended family.

There are many other examples of policies which do that. I don't think they are deliberate, but unless we understand the nature of our Hispanic families and of other minority families and other aging families, we are not going to have rational policies. Probably the rational policies will cost less than the current ones, because it is almost always cheaper to maintain people in a multigenerational family then to put them in an institution or to maintain them separately.

There are a lot of other special things about our population that have a lot of implications for programs. We are the least educated population in general, and we have the least educated elderly population. About a third of Hispanic elderly have less than five years of schooling compared to about one in four blacks and only one in 20 whites.

Now, this has implications for applying for services, and we know, for example, that Hispanics are underrepresented as medicare and supplemental security income, SSI, recipients. We suspect part of it is because it is hard for them to figure out the application forms, and there is not enough outreach to reach them.

We know while the majority do speak some English, there is a significant minority, probably somewhere around 22 percent who do not speak English. This may be true even if they were born and raised in New Mexico, because they were denied education, and because they went to work at 15. They are not going to be helped by programs which don't approach them.

We know that our per capita income is low, low enough that if our elderly lived alone, most of them would be poor. For an individual—this is per capita rather than family—it is about $5,000 for blacks, about $5,500 for Hispanics and about $8,500 for whites.

There is a very major discrepancy in the poverty rates. Blacks are the poorest; they have a poverty rate about three times that of whites. Hispanics have a poverty rate in the elderly population that is twice that of whites. I think that is unacceptable.

The most important single finding perhaps of our study—and these are unpublished data which do exist within an agency—is that a quarter of our elderly do not receive Social Security. One in 12 whites gets no Social Security, one in seven blacks and one in four Hispanics.

So often we think that our national policy has taken care of what it needs to do; we have a COLA on Social Security. Well, for the one-quarter who are not receiving it—or many of them are de-

pendent on either earnings, which is very difficult when you are 65 or 70, or on supplemental security income, which you will remember does not have the same kinds of COLA, plus some States do not choose to subsidize it. The maximum Federal amount for SSI was $340 a month for an individual and $510 per couple in 1987, so we have people who are living in poverty, even though they have worked all their lives, often because they worked in noncovered occupations. Also, more Hispanics appear to become disabled younger, and one of the reasons is they enter the work force younger.

Many of our youth in 1920 entered the work force at 15 or 16. Say they became disabled at 62, so they are not eligible for Social Security, even though they have been in the work force longer than the average white is ever in the work force. We think there is an inequity in the Social Security System when it considers only age and not years in the work force.

We also know that Hispanics are about equally likely to be in the work force as other elderly, but that they are much more likely to be unemployed. We assume this means they are forced to be in the work force because they have no other source of income, but that they are unable to carry out the jobs which they can reasonably get. This is often because they are not in good enough physical shape, because our elderly work as operatives and laborers and in service occupations.

So, the kinds of data we have collected—and there is not a lot of health data; that is one of the major holes—indicate that we have a population that has worked hard all its life and is not equitably benefiting from the kinds of income security programs that were designed for people who worked hard all their lives. I think part of the problem is there is the myth that the Hispanic family is strong and supportive and therefore, the Hispanic family can take care of its elderly.

And again, we want to do that in our community, but when you have one quarter of the overall family population which is poor, it is not reasonable to assume that they can take on the responsibility for another family member who is elderly and be able to make it.

What we need is some recognition that families need support, not substitutes for the family, but supports for the family. We need ways to maintain and support the extended family to keep people out of institutions, to use older people because they are contributing members of the family, providing day care and other assistance. We need to make it possible for the family to maintain itself without having children drop out of school to help support it.

And remember that 50 percent of Mexican-Americans and Puerto Ricans still leave school before graduation. There are a lot of reasons for that—one of them is they leave school to support the family. That is not a choice we wish them to make, and it is a choice that is going to happen more often as our population ages unless we do something about our policy.

If we can begin to have adequate data on service delivery and on service needs, we will be in a much better position to make rational policies which will be, I think, both humane and cost-effective.

We need to look at the differences among Hispanic elderly and we need to recognize that a good Social Security system is a neces-

sary but not a sufficient solution to the problems of poverty among the elderly.

Particularly with Hispanics, we would like to see changes in that system, we would like to see changes in SSI, and we would more than anything else like to see sufficient data so that we will know the status of our elderly, that we will know the needs at the local level, and we will have some rational way to come to you and say this policy is not good, or this policy is not working, and it needs to be changed. If we are denied 100 percent data in the 1990 census on some of the housing questions, and good samples for those where there is not 100 percent data in the Census, we are going to be another 10 years not knowing enough to be able to make rational policies, and we will end up with additional crises and everyone will run around and try to do something in a band-aid manner.

The best way to avoid that is to collect adequate data on a regular basis and require that client data be collected from programs, so if they are not adequately serving those with the greatest need, something can be done about it.

It is Federal money, and we think the Federal Government has responsibility for oversight. A big piece of that is knowing what the needs are, and how they are being met. So we are very concerned not only about the Census, but about somebody beginning to look at the content of the Roybal amendment and making sure that data are collected on Hispanics, and if collected, they are analyzed and if analyzed, they are published—so you don't have to spend a year going from agency to agency to find out what the needs are of your community when you want to solve them.

[The prepared statement of Ms. McKay follows:]

STATEMENT OF EMILY GANTZ MCKAY

EXECUTIVE VICE PRESIDENT

NATIONAL COUNCIL OF LA RAZA

I. INTRODUCTION

Mr. Chairman and members of the Select Committee on Aging, my name is Emily McKay and I am the Executive Vice President for the National Council of La Raza, one of the nation's largest Hispanic organizations. The National Council is a private nonprofit, nonpartisan organization, headquartered in Washington, D.C., which represents more than 88 national, regional, and local Hispanic community-based organizations serving 32 states and the District of Columbia.

We are extremely pleased that the Select Committee is holding hearings on the availability of data on Hispanics, especially the Hispanic elderly. While there are extensive data on the socioeconomic status of the elderly in this country, too little attention has been focused on the Hispanic elderly and their status and needs. Because Hispanics are the youngest major U.S. subpopulation it is not surprising that Hispanic organizations have tended to focus their attention and resources on youth and young adults. But we have always been concerned as well about Hispanic families, one of our community's greatest strengths. For several years the National Council has been active in

developing family and senior citizen housing in areas like Phoenix and San Diego, and an increasing number o. our local affiliates run programs serving the elderly. Two years ago the National Council's Board of Directors and affiliates mandated research that would help us understand the socioeconomic status and service needs of the Hispanic elderly and begin to help our local groups better articulate and address these needs. We sincerely appreciate this opportunity to appear before you today to present our initial findings on the Hispanic elderly. Although I will be brief in my summary, I want to submit for the record the National Council's report. This is just one major report on our study; in the future we will publish information for states with large Hispanic populations, as well as case study information on effective programs serving Hispanic elderly.

II. FINDINGS

It will not surprise you to know that the National Council of La Raza found that published or readily available data on the socio economic status of the Hispanic elderly in this country are limited. I have already mentioned that Hispanics are a young population -- the current median age for Hispanics is 25 years compared to almost 33 for non-Hispanics. The poverty rate for Hispanic families has worsened during the past decade, and Hispanics remain the most undereducated major U.S. subpopulation. Consequently, efforts to address the needs of younger people have typically taken priority over services for the elderly. Moreover, our efforts to become familiar with the needs of the elderly have been greatly complicated because -- in spite of PL 94-311, passed

more than a decade ago -- many federal agencies still do not routinely collect, tabulate, and/or publish data on the Hispanic population overall. Because the elderly represent a relatively small subset of the total Hispanic population and of the total elderly population data on their socioeconomic status are especially incomplete.

A. Data Availlability and Limitations

However, in addition to the fact that this country's population as a whole is aging, the number of Hispanic elderly, is growing more rapidly than any other group of elderly. Unfortunately, the Hispanic elderly population has been virtually ignored by many federal agencies and by most of the major mainstream aging organizations.

Much of the existing socioeconomic data on the Hispanic elderly are either unpublished or incompletely tabulated. This certainly caused some problems in various areas of our inquiry. For example, critical data on Social Security are collected but have not been published. Some data are incomplete or unreliable, especially at the Hispanic subgroup level. While the decennial Census attempts to count every American, the Current Population Surveys depend on a sampling procedure. Because Hispanic elderly represent a small proportion of that sample, they also represent a very small number of actual interviews. Subgroup data often remain unpublished because the sample sizes are too small to provide reliable data, and frequently Hispanic data are not broken down by age. In addition, some information, such as the use of Medicaid by Hispanic elderly, simply is not available, because Hispanic identifiers are not

consistently used in the collection of the data. This is a major concern since in the absence of data documenting problems, policy makers too often assume that no problems exist. Health data in general have been extremely limited, and the Hispanic Health and Nutrition Survey (HHANES), while helpful, is far from a comprehensive source of national data on Hispanic health status.

B. Demographic Overview

In spite of these limitations, our study has yielded some very important information. Let summarize it briefly.

The Hispanic elderly are primarily concentrated in four states -- California, Texas, Florida, and New York. More than seven out of ten elderly Hispanics live in these states, and more than seven out of eight live in just ten states.

Furthermore, the Hispanic elderly are more likely to live in the community and in multigenerational families than other elderly. They are far less likely than White elderly to live in homes for the aged. For example, in 1983 97% of the Hispanic elderly lived in households in the community, either alone, with family members, or with non-relatives, compared to 96% of the Black population and 94% of the total elderly population.

C. Socioeconomic Status

Available socioeconomic data show that the Hispanic elderly are far more likely than White elderly to have limited education and low incomes, and to lack the economic security enjoyed by many older persons in the United States.

Hispanics are the least educated elderly subgroup. In 1985, more than one-third of the Hispanic elderly had less than five years of school, compared to about one in four among Black elderly, and just one in 20 among White elderly. Only about one in five Hispanic and Black elderly had completed four years of high school or more, compared to half of White elderly.

Hispanic elderly have labor force participation rates similar to those of Blacks and Whites, but Hispanic elderly in the labor force are far more likely to be unemployed. Elderly Whites are two and one-half times as likely as Hispanics to hold managerial or professional jobs; Hispanics are especially likely to work in service jobs or as operators, fabricators, or laborers.

The median per capita income for elderly Hispanics is less than two-thirds that of Whites, and the poverty rate for Hispanic elderly is twice the White rate. Blacks remain the poorest group of elderly; the poverty rate for Black elderly is three times the White rate.

The Hispanic elderly are less likely than Blacks or Whites to receive Social Security, and more likely to depend on earnings and on public assistance -- in the form of Supplemental Security Income (SSI) -- to survive. Nearly one in four elderly Hispanics receives no Social Security, compared to one in seven Blacks and just one in 12 Whites. Elderly Hispanics are more than four times as likely as Whites to be receiving SSI. Hispanics are far less likely than Whites to receive retirement benefits other than Social Security, and are less likely than Whites or Blacks to receive public pensions or veterans' benefits.

Health status data are limited, but it appears that the Hispanic elderly are more likely than Whites to suffer from chronic illness or disability, but they are less likely than other elderly to use formal long-term care services. They tend to use the physician's office as the place of treatment; Hispanics have more physician visits than other elderly groups, but are far less likely to receive dental care.

III. IMPLICATIONS

There is a myth about the Hispanic elderly that because of the strong Hispanic family structure, their families take care of them; therefore, they have no need for services. Hispanic culture indeed places high priority on extended families which include the elderly and the younger generations, and it appears that Hispanic elderly are more likely than Whites to live with their children in families in which the offspring is the householder rather than the elderly parent. We know that such multigenerational families can benefit all family members.

However, income and poverty data make it clear that a large proportion of Hispanic families are struggling to survive. They need supportive services from the community and the government to help in caring for their elderly members. Unfortunately, current public policies and programs too often discourage rather than encourage multigenerational families. For example, housing assistance typically requires the elderly to live separate elderly projects -- thus breaking up extended families. This is bad public policy.

What is needed is a partnership between the family and the government -- and including community-based organizations and the private sector -- so that the Hispanic elderly can be better served and live out their lives in a productive and dignified manner. This will require, first, a better understanding of the status and needs of the Hispanic elderly. A federal mandate is needed to improve and extend the collection, tabulation, analysis, and reporting of data on the Hispanic elderly, including subgroups.

Policy changes are needed to improve the economic status of the Hispanic elderly and of extended families who care for them and who desire and benefit from their presence. Policy must recognize and strengthen intergenerational interdependency. Of special concern is the need for greater equity in the Social Security system; since Hispanics tend to enter the labor force at a young age, consideration should be given to adding a variable age formula which would take into account not only recipient age but also the number of years worked. Federal guidelines for programs such as federal housing assistance and other cash

and non-cash benefit programs must be changed so that they do not separate or penalize multigenerational families. Social and health services should also be extended and better targeted, and public policy should emphasize the development of community support mechanisms for the elderly and their families. Finally, programs for the elderly should serve as family supports, not family substitutes.

In the long term, the entire society benefits from programs and policies which strengthen multigenerational families and help the elderly remain in the community. The Hispanic community can provide an excellent model for the rest of the country in addressing the needs of elderly people as an integral part of the family. But first we must make sure that comprehensive data describing Hispanic elderly status and needs are readily available to the community and to policy makers. And equally important, we must demand that the data are used to formulate realistic and effective policies which really do strengthen and assist families. The results will be both humane and cost-effective.

The CHAIRMAN. Thank you, Ms. McKay.

Before I recognize Mr. Ortiz, I would like to recognize the ranking minority member of this committee. Congressman Rinaldo has been a member of this committee since it first started, and not only is he the ranking minority member, but he is one of the members of this committee that has been most receptive to the problems of the elderly.

He has been of great assistance to me. It has been a pleasure to work with him. We cooperate wholeheartedly, and if this continues, we will no doubt be able to pass some of the legislation that bears our name.

Mr. Rinaldo and I have co-sponsored legislation, even though we are from different parties. We agree on one specific thing, and that is that the elderly of the United States definitely need some attention.

It is a great pleasure to recognize Congressman Rinaldo.

Mr. RINALDO. Thank you very much, Mr. Chairman. I certainly can assure you that the nonpartisan cooperation which exists in our attitude and the bipartisan cooperation that exists on this committee will continue; I believe that partisanship has no place in matters affecting one of our Nation's most precious resources, the elderly of our country. I would certainly like to echo your comments that it has been a pleasure working with you, and I look forward to a continuation of the cooperation that has been a hallmark of your leadership on this committee. I want to thank you for calling the hearing today to examine the difficulties associated with the lack of accurate demographic data for the use in planning appropriate and cost-effective assistance to special populations of older Americans.

Rather than read my entire statement in the interests of time, and as a courtesy to our witnesses, who certainly want to testify, I would like to request unanimous consent that the entire statement be placed in the record.

[The prepared statement of Representative Rinaldo follows:]

PREPARED STATEMENT OF MATTHEW J. RINALDO

MR. CHAIRMAN: Thank you for calling this hearing today to examine the difficulties associated with the lack of accurate demographic data for the use in planning appropriate and cost-effective assistance to special populations of older Americans.

As we all know, data from the upcoming 1990 census will be used to target Federal assistance monies for all types of programs. I am sure that we share a concern Mr. Chairman that the problems of under-counting some populations that occurred in the 1980 census not be repeated again in 1990. I am also concerned about the potential lack of information which may result from the Office of Management and Budget's proposed elimination of questions from the 1990 census form.

A major use of census data is the accurate identification of characteristics of small population subgroups, such as the minority elderly, disabled veterans, rural elderly, and older women. The Federal government relies on this type of data to effectively target our assistance programs; without this data, or with unreliable data because of change in sample size or abbreviated questionnaires, our programs will become unfocused and their effectiveness jeopardized.

The decennial census is mandated by the Constitution. The United States has led the way among the community of nations in census technology and in accurate and reliable data collection of demographic profiles, I would hate to see that change.

The Bureau of the Census has announced a new processing system to automate the compilation of census data, has improved mechanisms for follow-up enumerators, and improved communication with a wide group of data users, including meetings with representatives of minority groups in order to improve counting procedures.

Mr. Chairman, I hope that these changes will help in creating a census that will accurately present useful data on special populations of older Americans; however, despite these improvements, OMB's proposals to delete and move questions on the census forms and the proposed changes in sample size raise questions that must be address concerning the usefulness of the 1990 census and the accuracy of data on special populations.

Thank you Mr. Chairman for calling this hearing and I look forward to the testimony of the witnesses.

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Mr. RINALDO. Unfortunately, I will have to excuse myself, because the Committee on Energy and Commerce is currently meeting, and I have to be at that meeting.

The CHAIRMAN. Without objection, that will be the order.

Mr. RINALDO. Thank you.

The CHAIRMAN. Thank you, Mr. Rinaldo.

The Chair now recognizes Mr. William Ortiz, who is the Executive Director of the San Juan Center. This organization, as I understand, provides health, nutrition, and recreation and other assistance to older Hispanics.

One would think that this would take place in the Southwest or in Puerto Rico or some Latin American country, but it does not. This is in Hartford, Connecticut. Mr. Ortiz, will you please proceed in any manner you may desire?

STATEMENT OF WILLIAM M. ORTIZ

Mr. ORTIZ. Mr. Chairman and other members of this committee, I would like to address, I guess, the practical side of the testimony you heard today, and the effect that it has on the local level, as you say, our experience in Hartford, Connecticut.

The elderly Hispanic population we consider to be an invisible population. They are isolated and hidden from standard statistical sources. In the case of the 1980 Census counts, these individuals are either not counted at all, or are lost by the manner in which the data is analyzed. Data is available by elderly or "Spanish Origin" categories, but the population who is both elderly and of "Spanish Origin" can only be estimated through creative guesswork. Most of the available data at the local level is based on the 1980 Census counts. Therefore, obtaining sufficient information to serve this population is extremely difficult.

The basis for effective program development and planning is the accurate assessment of need. Without consistent, reliable data, we have had to rely on a general impression of need based on our experience. Although this method may produce viable concepts for programs, it is often difficult to market funding sources without the confirmation of quantitative data.

We have found that planning is sometimes less effective than it should be without the input of adequate information. It has been difficult to set both short- and long-term goals without a clear definition of need for our elderly population.

Outreach is a particular problem which is affected by the lack of data. We have tried to locate Puerto Rican-Hispanic elderly in our community to provide home services or to inform them of services available at our elderly center. Our staff has had tremendous difficulty locating them in any systematic way because neighborhood, or even Census tract data is not readily available. We have had to go from door to door in areas where we think they may live in order to identify those who need our services.

Efforts to advocate on behalf of the Puerto Rican-Hispanic population are also hindered by a lack of information. We have found it difficult to convince legislators, administrators and funders of the need for increased services and dollars, because we cannot show conclusive proof of need.

In conclusion, I must stress to you that this is a population in dire need of assistance. The majority of the population which we serve have limited economic security which causes problems in housing, health, nutrition, mental health, transportation and all other services which must be purchased. These material problems are further complicated by the isolation caused by language and cultural barriers. Over the years, our experience with the Puerto Rican-Hispanic elderly has revealed a great deal of suffering. This situation is particularly disturbing given the traditional position of respect which is held by the elder in the Latin culture.

If we are to advance in serving this population, additional resources are required. Among the most vital is consistent reliable data which will document needs and facilitate advocacy for Puerto Rican-Hispanic elderly.

Thank you, gracias.

The CHAIRMAN. Thank you, Mr. Ortiz.

We will now proceed under the five-minute rule. Each one of us will take five minutes in the first round of questions, and then after each one has had five minutes, we will come back again and continue with the questioning based on the availability of time.

First of all, Dr. Keane, I would like to ask a question. With regard to your statement on page 1, where you said something that puzzles me. You said, "I emphasize that neither the Census Bureau nor any other Federal agency has an official definition for the terms aging, old, or elderly."

How, then, do you reach any particular statistical level without those definitions?

Dr. KEANE. The statement is true. There is no official government definition of who is "aged" or "elderly" although the term, "the elderly" is frequently used to refer to the age group "65 and over." Different government programs use different age groups for their programs. The Census Bureau doesn't use the term "the elderly" in our tabulations. Rather, the publications provide age ranges so that data users can use the age groups that meet their needs.

We know of no accepted generic definition for who is an aged person and who is not.

The CHAIRMAN. Dr. Keane, the first hearing I had the privilege of chairing, many years back, we had a group of gerontologists, nationally known for their expertise. I asked then, when does one become a senior citizen? I asked them to confer and then give me one answer.

This is the answer they gave me—and incidentally you should have seen the faces of the members of this committee when the answer was given—they said, "you become a senior citizen when you are 45 years old, six months and one day." Now, that was their definition.

I bring that to your attention because it is puzzling. When do you become a senior citizen? When is the eligibility for that definition, 55, 60 or what age?

Apparently, we have not made that determination. Let me ask you something else, why is the Census Bureau proposing to eliminate the question on utility costs in the 1990 census? It is my understanding that without this information, it would not be possible

for HUD to calculate the fair market rents necessary for determining how much the elderly and other low-income individuals must pay for subsidized housing?

It seems to me this is a most important question that should be answered. Why are you proposing to eliminate this?

Dr. KEANE. It is not our proposal.

The CHAIRMAN. Whose proposal is it?

Dr. KEANE. It is the proposal of the Office of Management and Budget, whose responsibility it is to look over the questionnaire.

The CHAIRMAN. In other words, the Office of Management and Budget is dictating the policy or the method by which the Census will be conducted in 1990?

Dr. KEANE. The Office of Management and Budget, of course, has a role under the Paperwork Reduction Act and under its various directives. It is exercising its role in this instance to propose this.

The CHAIRMAN. What do you think of the recommendation? Do you think that it will help or will it hamper, first, the study, and then the recommendations that can be made from the study?

Dr. KEANE. From the Housing and Urban Development point of view, it would hinder that program, as you just pointed out.

The CHAIRMAN. I would like to ask Ms. Agree a question with regard to standard error. What do you mean by standard error?

Ms. AGREE. I was afraid that would be your question. Can you tell me which part you would like me to go over?

The CHAIRMAN. Since I don't know anything about your statistical work, a standard error, to me, would be something that automatically happens. We all know that it is an error, but nevertheless, we do nothing about it. Is that the correct analysis of what a standard error is?

Ms. AGREE. That is one component of it.

The CHAIRMAN. You tell me what your definition is of a standard error.

Ms. AGREE. Let me try to reiterate without using exactly the same words. The reason I was talking about standard error is because it is implicit in looking at sample estimates, that there is a margin of error around each estimate.

Without being aware of that margin of error, you are not completely understanding the nature of the estimate, because it is from a sample. We can measure in a standardized form how large this error will be for given samples from populations in a scientific manner. That is essentially what standard error is used for.

It is a tool we have, based in theory, that we can use to scientifically evaluate the accuracy of sample estimates.

The CHAIRMAN. But the truth of the matter is that the standard error does result either in undercounting or underestimating a given problem?

Ms. AGREE. Well, it is more that it doesn't allow us the accuracy of really pinpointing the level of the problem. For example, if you are saying between 43 percent and 86 percent of black men who live alone in Alabama are in poverty, but your point estimate is 65 percent, you can plan policy on that point estimate, but the actual proportion may be as low as 43 or as high as 86, and this error is not consistent in one direction or another the way in which the non-sampling errors are so we cannot use the same techniques for

adjustment. We have to bear in mind the confidence interval we are talking about. The smaller that interval is and the closer we can get it to the point estimate, the more precision we have and the better off we are in formulating policy.

The CHAIRMAN. Thank you.

Ms. McKay and Mr. Ortiz, when my turn comes again, I would like to ask questions with regard to undercounting and the fact that there is an unavailability of data, and then discuss also the fact that there is a discrepancy with regard to Social Security, that is, the participation of the Hispanic community in the Social Security System.

The Chair now recognizes Mrs. Meyers.

Mrs. MEYERS. Thank you, Mr. Chairman.

Along those lines, let me ask a question of Dr. Keane. After the 1980 Census, a controversy developed over this undercount, and it was the subject of debate on the Floor of the House.

Could you explain to the committee your plans for any adjustment to compensate for undercounts and the effect of any adjustment on the accuracy of data on older populations? I know that in your testimony, you talked about the Interagency Forum, and I presume that the information you get from that forum would be of some assistance, but would you speak to how you intend to correct that undercount?

Dr. KEANE. The Census Bureau, taking a lesson from the 1980 Census and the controversy you just outlined, embarked early on an ambitious program to learn more about the reasons for the undercount. For instance, there was a special statistical research group convened under Dr. Howard Hogan with approximately 10 people in the unit that did nothing else from 1984 on but study that problem, and how we could do a better job in our procedures.

You have heard in my testimony about the many, 65, public meetings. You indicated there was the Federal Agency Council convened in 1984 by the OMB to reflect its concern about that, and other aspects of the decennial Census, the 335 people who worked in 10 working groups.

We have advisory committees. Four of them are minorities, one each from the black community, Hispanics, Asian-Pacific Islanders, and American Indians and Alaska Native is the fourth one. We used all these steps, plus one that was begun in January of this year, which was an undercount behavioral research group. It is devoted only to that problem among minority groups.

I would include the homeless in that group. So, it is the basis of that plus what we have done through a test Census program begun in 1984, spanning approximately 12 test Censuses. The National Content Survey also was done in 1986. It is an amalgam of all these findings, all the advice we could get such as the people testifying here that formed the foundation on whether to propose adjustment in the 1990 Census.

There are budget implications. There are other aspects to it. Obviously, they are important and sensitive. At this point, a decision to adjust still has not been received, but it likely will be over the next six months one way or the other.

Mrs. MEYERS. The chairman has referred to one of the questions that OMB wanted dropped from the Census. What are the others,

and will any of them affect the count as well as the elderly in the various subgroups?

Dr. KEANE. I will mention the 10 questions. Seven of them OMB proposed to move from the short form to the long form, from the 100 percent to the sample form. These are the seven, and perhaps you might want to assess yourself, because it gets to be arbitrary assessment.

Those seven are the number of rooms in a unit, the plumbing—a controversial question going way back—whether the household is part of a condominium, the acreage, a screening questionnaire, the telephone, whether it has a telephone, and the value, that is the sixth question, the value of the unit, and the seventh is rent and whether meals are included in the rent.

So, these would be seven to move from the 100 percent, that is from the short form to the long form. The three items again on housing proposed to be deleted altogether from either form is the type of heating equipment, that question began with the 1940 Census and was originally used to measure housing quality when many housing units were deemed unsafe if wood or kerosene were the heating fuel.

The second question is the type of fuel used to heat water. This began as part of the decennial Census in 1960, as perhaps preparatory to reflecting the energy concerns. The third one is one already alluded to several times, the yearly cost of utilities and fuel.

As pointed out, this is used, the most telling use of it is in the HUD Fair Market Program, because of its importance in housing costs, recognizing many elderly do not have mortgages, but do have this expense, and perhaps that would start you on a reaction on that.

Mrs. MEYERS. Thank you, Mr. Keane. I don't know which one of you to ask. Maybe Ms. McKay could comment on whether she thinks those questions will affect our ability to have the data we need.

Ms. MCKAY. Yes, we do. We are extremely concerned, especially about the utility cost question being dropped. Obviously any questions about housing are very important, because one of the major differences between people who are poor and people who are not is the proportion they have to spend of their income on housing.

That has a lot to do with the ability of these people to survive. Costs of utilities and fuel are very, very important. If you live in an unsafe home with inadequate plumbing or poor insulation, you will pay a great deal more.

We are also concerned about the questions that are going to go on to the long form and may be asked of fewer people. You plan programs based on a local area, and the sample will be too small for us to know where Hispanic elderly fit.

We must know about their monthly rent because that is a critical question about their economic situation. We need to know about telephones, because we have to use them to determine if the elderly are okay. If they don't have a phone, somebody has to visit them.

Hispanics are the most likely subpopulation to live in overcrowded housing, so we need to know about that. The total plumbing question is major because minority elderly are likely in rural

areas to live without plumbing. That is an issue this country needs to deal with, because we don't want them to live without full plumbing.

Because of the Hispanic sample not being an adequate part of the sample for the long-form questions, we are not going to get adequate information.

Mrs. MEYERS. Thank you.

The CHAIRMAN. The Chair recognizes the gentleman from New Mexico, Mr. Richardson.

Mr. RICHARDSON. Thank you, Mr. Chairman.

Dr. Keane, before I ask you a couple of questions, let me say that my office in New Mexico appreciates the fine liaison work your office has done with some particular problems. I particularly wish to commend Emma on your staff.

Dr. KEANE. I am on Emma's staff, really.

Mr. RICHARDSON. Let me ask about a bill that was introduced today by Mr. Mervyn Dymally, which I co-sponsored. This bill, which deals with the undercounting issue, amends Title 13. It requires statistical adjustment of the decennial Census to eliminate undercounts and overcounts.

It mandates that adjusted figures be used as the official figures for all purposes. It does not specify the method of statistical adjustment to be used, but it requires the Department to report its plan to Congress.

Do you think this bill might be useful to correct some of the problems some other witnesses mentioned? And how final are OMB's proposed changes for the 1990 Census? If we vote to overturn these changes during the 100th Congress, would that have an adverse effect on the printing of the 1990 Census?

Why don't you take the first question first.

Dr. KEANE. I have not seen Congressman Dymally's bill. I know of it, but I would defer until I have the chance to study it in some detail. I am reasonably certain there is likely to be a hearing or two on a bill such as that, and perhaps that is the forum and that would give us the time to develop some views on that.

Anything so major as that is something that we would not want to comment on without having a chance to study it beforehand. You deserve a studied answer and not for me to hip shoot.

With regard to the second question, we are still negotiating with the Office of Management and Budget and as we have been, there is a continuing dialogue and exchange of information. We have been asked to provide estimates on the impact of various things that the Office of Management and Budget proposes.

We have done that, and we are doing it. So, it is not over yet. Both agencies, as others, are concerned about quality data in the 1990 Census. The printing, I believe, the questionnaires are printed, in 1989. But I would say there is a much more immediate date, and that is April 1, 1988, which by law the Census Bureau is mandated to submit to the Congress the wording of the 1990 questionnaire.

That is if—sometimes we heard this drop-dead date sort of reference. If that means that date you want to have things wrapped up by and decided that would be the best, April 1, 1988. Every day that we delay after that jeopardizes in one way or another the

quality of the 1990 Census either in the procedures, the timeliness of the data produced, the accuracy and so on.

Mr. RICHARDSON. Mr. Keane, I want to thank you. I hope we can work some of these things out, because some of the information we have been getting is that OMB is proposing cuts for other survey instruments, such as health, income participation and others. I am not going to ask you anything on that, but we are concerned.

I would like to ask Ms. McKay a question, and then a final one to stay within my five minutes.

Emily, I didn't hear when you talked about your recommendation for improving the situation, the situation being your claim that the Hispanic elderly have been ignored by many Federal agencies and most of the major aging advocacy organizations.

I would like to hear your recommendation for improving it.

Ms. MCKAY. On the data question, we think there needs to be an increased requirement that there be an Hispanic identifier. If you are going to collect client data, there needs to be an Hispanic identifier at the local State and Federal levels. That would help on aging and other issues.

We are beginning to work more closely with the aging community, through the Hispanic aging groups and with the mainstream groups like AARP. We are on a minority task force of AARP. We think they are becoming more aware of our issues.

We also think we need more guidance from Congress to offices on aging.

The percentage of minority clients in AoA programs has gone down from 22 percent in 1980 to 17.5 percent last year. That means there needs to be more targeting. Given limited resources, the targeting to those in greatest need means the Congress is going to have to take more leadership and say if we don't have enough money to serve everybody, let's serve those with the greatest need.

Because of the block granting, lack of oversight, and lack of data collection, Congress doesn't even know who is being served.

There are a lot of other issues. Clearly, one of them is the Social Security question. I know it has been visited before, but I think it has to be visited again—the question of age, not only how old are you, but also how many years have you been in the work force. That is not considered in Social Security.

We need public policies overall where we look very carefully at anything we suggest to ask is it going to break up an extended family. We want the elderly to receive assistance while being part of a multigeneration family.

Mr. RICHARDSON. I have a question for Ms. Agree. Could you comment on the reliability of the Census Bureau's approach of combining data from Census taken over several years in order to have a sample size that is large enough for statistical analysis?

Ms. AGREE. I have not worked with that data, but I could prepare a statement for the committee.

Mr. RICHARDSON. Maybe you could for the record.

[See p. 78 for material subsequently received from Ms. Agree.]

The CHAIRMAN. Thank you.

The Chair recognizes Mrs. Morella.

Mrs. MORELLA. Thank you.

I would like to ask unanimous consent to insert some remarks in the record and revise and extend them.

The CHAIRMAN. Without objection.

[The prepared statement of Representative Morella follows:]

PREPARED STATEMENT OF REPRESENTATIVE CONSTANCE A. MORELLA

MR. CHAIRMAN, THANK YOU FOR SCHEDULING THIS IMPORTANT HEARING TODAY TO EXAMINE THE QUALITY OF THE DEMOGRAPHIC DATA ON SPECIAL POPULATIONS OF OLDER AMERICANS. AS THE RANKING MINORITY MEMBER OF THE SUBCOMMITTEE ON CENSUS AND THE POPULATION, I HAVE BEEN DISTRESSED BY THE EROSION OF THE DATA GATHERING PROCESS AS A RESULT OF QUESTIONS WHICH HAVE BEEN ELIMINATED FROM THE CENSUS FORM BY THE OFFICE OF MANAGEMENT AND BUDGET.

EARLIER THIS YEAR, I WROTE TO DR. WENDY GRAMM AND URGED OMB TO RETAIN THE QUESTIONS PROPOSED BY THE CENSUS BUREAU. WHILE MOST OF THEM WERE RETAINED, VITAL QUESTIONS WHICH WILL AFFECT THE OLDER POPULATION WERE NOT SALVAGED.

THE THREE QUESTIONS SLATED TO BE ELIMINATED FROM THE CENSUS QUESTIONNAIRE RELATE TO THE COST AND USE OF ENERGY. THE MOST IMPORTANT QUESTION INVOLVES THE ANNUAL COSTS OF UTILITIES FOR HOUSES AND APARTMENTS. THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT REQUESTED OMB TO INCLUDE THESE UTILITY COSTS IN ORDER TO ACCURATELY ESTIMATE FAIR MARKET RENTS, THE FIGURE USED TO DETERMINE THE AMMOUNT OF INCOME WHICH LOW-INCOME INDIVIDUALS AND THE ELDERLY MUST PAY FOR SUBSIDIZED HOUSING.

FURTHERMORE, OMB HAS LIMITED THE SAMPLE TO TEN MILLION HOUSEHOLDS RATHER THAN THE PROPOSED SIXTEEN MILLION. OMB ALSO REQUIRES DIFFERENT SAMPLING DEPENDING ON THE AMOUNT OF PEOPLE LIVING IN A CENSUS TRACT. THE RESULT IS THAT THE RURAL AREAS WILL BENEFIT FROM THIS CHANGE, BUT URBAN AREAS WILL BE PROVIDED WITH LESS INFORMATION.

BY MOVING QUESTIONS FROM THE FORM RECEIVED BY ALL HOUSEHOLDS TO ONLY THOSE RECEIVED BY A SAMPLE, IT WILL BE DIFFICULT TO IDENTIFY SMALL POPULATION SUBGROUPS, SUCH AS THE MINORITY ELDERLY. BY REDUCING THE SAMPLE SIZE, THESE GROUPS WILL NOT BE REPRESENTED OR THEY WILL BE SO INSIGNIFICANTLY REPRESENTED THAT IT WILL BE DIFFICULT TO DRAW CONCLUSIONS FROM THE DATA.

MR. CHAIRMAN, I BELIEVE THAT THIS DATA IS VITAL, AND I AM NOT CONVINCED THAT A PIECEMEAL SURVEY WOULD BE LESS BURDENSOME TO THE RESPONDENT OR THAT IT WOULD REDUCE THE PAPERWORK. I HOPE THAT CONGRESS WILL PROTECT THE COORDINATED DATA-GATHERING PROCESS SO THAT THE TABULATED INFORMATION IS COMPLETE AND USEFUL FOR PLANNING PURPOSES AT THE FEDERAL, STATE, AND LOCAL LEVELS AND IN THE PRIVATE SECTOR. MR. CHAIRMAN, AS YOU HAVE INDICATED IN YOUR OWN STATEMENT, COMPLETE DATA IS PARTICULARLY NECESSARY IF WE ARE TO DETERMINE THE NEEDS OF SMALL POPULATION GROUPS, SUCH AS THE MINORITY ELDERLY.

Mrs. MORELLA. Earlier this year, I wrote to Dr. Gramm and urged OMB to retain the questions proposed by the Census Bureau. Fortunately, most were retained, but some vital questions that affect the older population were not salvaged.

Three questions proposed to be eliminated from the Census questionnaire relate to the cost and use of energy, correct?

Dr. KEANE. Correct.

Mrs. MORELLA. The most important question is the annual cost of utilities for houses and apartments. HUD requested OMB to include these utility costs to accurately estimate fair market rent; the figure used to determine the amount of income the low-income and the elderly individuals must pay for subsidized housing.

Furthermore, OMB has limited the sample to 10 million households, rather than the proposed 16 million. The result may well be that the rural areas will benefit from this change, but urban areas will be provided with less information.

By moving questions from the form received by all households to only those who participated in the sample, it will be difficult to ascertain the subgroups such as the minority elderly.

I congratulate you, Mr. Chairman, because this links up beautifully with my Census and Population Subcommittee. I would like to ask you if you would respond to Mr. Dymally's bill that he is introducing today; he is the ranking member on that subcommittee of mine, where he will require adjustments to be made.

I am curious about your response to that idea of setting up a plan and requiring that there be adjustments to reflect undercounts as well as overcounts. That is the question, and I will direct it to whoever would like to take a try at it.

Mr. KEANE. I believe I already responded to the question from Congressman Richardson.

Mrs. MORELLA. And your response was?

Mr. KEANE. My response was that we know about Congressman Dymally's bill, but I have not seen the bill, and because of the sensitivity of the issue, I think this committee would want a studied answer, not one from someone who has not seen the bill.

Mrs. MORELLA. How about some of you others, do you feel adjustments would be helpful?

Ms. AGREE. There are two issues. Minority groups in general have a greater tendency to be undercounted, and the elderly have less of a tendency to be undercounted than other groups. They are less mobile, less likely to be in a different place than they were 10 years ago. The elderly, on the whole, would be the least likely to be affected by undercounts.

Any additional investigation of techniques to increase the reliability of estimates, I am always in favor of. I am always in favor of more thorough and accurate data collection. However, you have two conflicting perspectives, and I don't have actual measures on this, but minority elderly are often harder to find, although the elderly in general are more likely to be counted than the rest of the population.

Ms. MCKAY. If I may also respond, I think that is, of course, true. The biggest problem we see is that the Hispanic elderly tend to have low education levels, and many are not fluent in English. We

think in certain States there would be a significant difference if there were corrections made.

We are in favor of anything that will make corrections. We were very upset about the reported number of Hispanics in the District of Columbia in 1980. I have seen more than that in one place. I live in the District of Columbia. Clearly, those counts determine the availability of resources for our population, so as exact as we can get, that is what we want.

Mrs. MORELLA. So you lean toward that?

Ms. MCKAY. Yes, I think the idea of correcting when you know you can is a terrific idea.

Mrs. MORELLA. There will be hearings held on this before the Post Office and Civil Service Committee, and its subcommittee, but I think it is important to get your comments. Would you like to comment?

Mr. ORTIZ. I support what Ms. McKay said. The more information we can get, the better. As Ms. Agree said, when you are talking about the elderly population in general, they are probably the least likely to be undercounted on the whole.

When you are talking about Hispanics, you cannot find them. We have run into that problem in Hartford. We have had to go knocking door to door, because the information is just not there. So, anything we can get that would make that information accurate, I am all for it.

Mrs. MORELLA. Thank you very much.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Ms. McKay, I would like to come back to the matter of undercount. What was the result of the undercount in the last Census with regard to the overall problem, but particularly as it affects minorities?

Ms. MCKAY. We don't know the extent of the undercount, so it is hard to be precise, but program allocations are determined to a considerable degree by counts. We also have determinations of legislative districts and such.

Hispanics were particularly likely to be undercounted. This means that they did not get their fair share of resources. It means people did not consider them as large a population as they are, and did not give them as much attention.

It allows Hispanics to be fairly invisible. It has a public image impact, because when you discover people are there, the newspapers start writing stories and your problems become a public issue.

The CHAIRMAN. Mr. Ortiz, do you agree that the undercount and other problems resulted in the fact that the population in question did not get their fair share of Federal resources?

Mr. ORTIZ. Yes, I do. In Hartford, we found that to be true not only of the elderly, but the Hispanic population in general. We were told according to the Census, there were something like 40,000 Hispanics in Hartford. On any given day, you can stand on a street corner and see 45,000 Hispanics, yes, I definitely agree with that statement.

The CHAIRMAN. Another thing which I think is quite revealing is the fact that the Hispanic elderly are less likely to receive Social Security, that one in four Hispanics receive no Social Security

whatsoever. That, to me, is a shocking statistic in view of the fact that the poverty level in this particular community and in the black community, minorities in general are so greatly mismarked.

You said, Ms. McKay, in answer to the reason, you said it is because they have worked in non-covered occupations. Then you also said Social Security considers only age and not work-years. Will you elaborate on that?

Ms. McKAY. The elderly in general entered the work force earlier than people are entering it now, and the Hispanics in general entered it very young. If you have one-third with under five years of schooling, they were probably working in the fields or manual labor jobs. They were difficult jobs, had very little protection in terms of health and safety, and were physically demanding, and these people were least likely to get health care and other services.

By the time they are 60, if they have been working over 40 years, they are probably disabled or least likely to be able to work. So, that affects their Social Security.

The CHAIRMAN. I am shocked by another statistic, and that is that the Office of Management and Budget has recommended the elimination of very important questions, for example, how many rooms in the house. I think that is most important.

Then they went on to eliminate questions with regard to plumbing. I have been throughout the country as chairman of this committee. I lived in an area that was the poorest in California. That is the way I grew up. But I didn't know what poverty was until I visited certain sections of this country, Appalachia and other sections of this country, where plumbing facilities are not even available.

It is shocking, isn't it?

Dr. KEANE. Mr. Chairman, may I clarify? They do not propose to eliminate, they propose to move those two questions from the 100 percent to the long form, but not to eliminate.

The CHAIRMAN. It is going from the long form to the short form, but it seems to me that getting that information is so important that it should be of prime importance to the persons who are making the survey, and it definitely would have an impact on the poverty status of people throughout the country.

I think it should be one of the number one questions. The other thing is with regard to a telephone. Again, that is a very important question. One of the things that may be moving from one form to another is: What is the monthly rent? How can they eliminate that, and how can they eliminate asking questions with regard to rooms in a house or apartment?

Now, let's suppose that these things are eventually asked, but asked as secondary questions, what effect will that have on the overall knowledge that we can gain by having these questions asked on the primary statistics?

Ms. McKAY. It will be hard to document major problems in housing that affect the elderly and that affect families. If we are going to do something to ensure low-income elderly live better, we have to know what their housing payments are, what they pay for their utilities, whether there is room for every person to have adequate living arrangements.

It will make it very hard to target resources to the people with the greatest need. When we can't document a problem, we ignore

it. Federal subsidized housing has been cut from $31 to $10 billion a year. We have to understand the implications of that. We are going to have an aging population, and we are going to have to put them somewhere.

The CHAIRMAN. Dr. Keane, will the proposed changes in the 1990 Census long-form inhibit the ability of officials to obtain detailed information on needy subgroups of the elderly?

Dr. KEANE. That will depend significantly on the statistical detail that will be available. We are working out those estimates right now and we will submit those to the Office of Management and Budget for their consideration.

The CHAIRMAN. But the proposed changes in the sample sizes and also the availability of information such as the questions that are proposed to be eliminated or changed in status, that will affect the final results, will it not?

Dr. KEANE. It will affect the reliability of the data. The smaller the sample, the less reliable the data will be generally.

The CHAIRMAN. Then the less information we will have to base our decisions on?

Dr. KEANE. It will be less reliable.

The CHAIRMAN. Do you think it will minimize the problem to the point where we legislators who are not experts in the field may believe what we read.

Dr. KEANE. Why don't I supply an answer for the record if that would be all right, Mr. Chairman, when we have completed our work on it.

The CHAIRMAN. Then perhaps you can include in that an answer with regard to the cuts that are being proposed by OMB for other major survey instruments such as the current population survey. I understand cuts are proposed on that, the Health Interview Survey and the Survey of Income and Program Participation.

Dr. KEANE. I will respond to that for the record.

The CHAIRMAN. I think this is the information that is most important. It seems to me that when we propose either eliminating or changing data, that is collected, it only results in information that is not adequate and eventually results in our attempt not to try to solve the problem.

[The following information was subsequently received from Dr. Keane:]

Question 1(a). How will the proposed changes in the sample size of the 1990 census long and short forms affect the ability of local officials to obtain detailed information of needy subgroups of the elderly?

Answer. In general, the smaller the sample size, the less precise are estimates of subpopulation characteristics. However, the new variable rate sample design insures comparable levels of precision across all tracts and small governmental units in the nation. In addition, the design increases sample sizes in small areas with populations less than 1000, and these localities are likely to have more accurate information on subpopulations, such as the elderly, than they had previously.

Question 1(b). What sample size is necessary for obtaining statistically significant data suitable for cross-tabulation across subgroups for age, race/ethnicity, disability status, etc.?

Answer. The sample size depends on the exact cross-tabulation called for, and the specific uses of the data. For instance, estimates used for funding or resource allocations generally need to be more precise than estimates used for making broad comparisons across geographic areas or time.

Question 2. Are cuts being proposed by OMB for other major survey instruments, such as the Current Population Survey, the Health Interview Survey, and the Survey of Income and Program Participation?

Answer. To our knowledge, OMB has not proposed cuts.

Question 3. What is the Census Bureau's position on Congressman Dymally's bill, the Decennial Census Improvement Act of 1987 (H.R. 3511) which will require statistical adjustment of population figures to correct undercounts and overcounts?

Answer. The Department opposes legislation such as H.R. 3511, which would require the Secretary to adjust the Census population counts. After careful consideration, the Department has decided not to statistically adjust the results of the 1990 Census. Statistical adjustment of the population counts from the census creates more problems than it solves. It is a controversial set of procedures, whose use threatens the integrity of the census. It is not universally endorsed by the professional statistical community. The Department will concentrate its resources on conducting the most complete count of the population that it has ever attempted, and will place special emphasis on reaching hard to count groups more completely than ever before.

The CHAIRMAN. I would like to ask another question of all the panelists. How can we do a better job of collecting, tabulating and publishing data on special populations of the elderly?

What recommendations do you have?

Mr. Ortiz, how can we do a better job of gathering, tabulating and publishing this material?

Mr. ORTIZ. First of all, we should make sure we have enough resources in that area, and another thing is to ride herd on these proposed cuts and make sure they don't happen. When you bring it down to a local level, make sure that when you go out to gather the information that people on your staff are adequately trained and know what their jobs are and make sure that the questionnaires that are used have the proper information on the forms.

The CHAIRMAN. Ms. McKay, do you have a different recommendation?

Ms. McKAY. Additional. I agree with those. There needs to be an Hispanic identifier on any data that is collected, that includes victims of crimes, people who get medicaid and medicare. The move now is away from the Hispanic identifier or OMB is urging it.

We also need to do over-sampling. CPS cannot give us subgroup data. Subgroup data for the elderly are not available.

We need to try to strengthen existing surveys rather than depend on others. We also need to have people collecting those data who can get the data from Hispanics so we don't wind up undercounting regardless of what efforts were made.

The CHAIRMAN. What fascinated me in your testimony was the need for a partnership between the government and the family. How can it be formed and what would be the result?

Ms. McKAY. Hopefully, Hispanics can be a guide for the community at large in caring for their elderly. That is in our culture. That is not going to happen unless we ask with all our policies what will be the impact on the extended family? What will be the impact on efforts to support the family rather than moving the elderly into institutions?

We don't ask will the three generations be excluded? Will you tell an elderly person who is able to care for a grandchild that we will cut their SSI?

We should ask how can we spend less and support the family more. We need a review when we set policy to ask what is this

doing to discourage institutionalization or cause the family to make choices which are not acceptable.

The CHAIRMAN. We have been talking a lot about the Hispanic population, but there are other minorities that are victims of the same standard error. There are other errors that are made as one researches a particular city.

Ms. Agree, do you have any information regarding the similarities and differences between the needs of the Hispanic aged and the needs of the Asian community, a growing community in the United States, and the Native American community? Those are three groups that suffer the same kinds of consequences.

Ms. AGREE. That is very true. When I was working on portraits of Black, Hispanic, Asian and Native American elderly, we saw many patterns where the Hispanic elderly resembled most the Asian American elderly community. In terms of developing descriptive statistics, and I am not talking about cultural similarities, both these groups behave in similar ways, whereas the black elderly were more likely to resemble the white elderly.

In terms of institutionalization, the Asians are more like the Hispanics. There are several ways in which each group is disadvantaged in certain areas where other groups are not. I would be glad to supply the original publications with data comparing and contrasting these groups for the record if you would like.

The CHAIRMAN. I would like to have that. Is that a comparative analysis?

[See appendix, p. 81 for material subsequently received from Ms. Agree.]

Ms. AGREE. I have done descriptive work which compares and contrasts the basic overall portraits of these populations, not in terms of detailed analysis as to why these differences exist, but to document the fact that differences do exist and what they are.

The CHAIRMAN. With the Native Americans, are they the most poor?

Ms. AGREE. Yes, sir. I have included in my written remarks a table of elderly minority poor listed by State, which includes the Native American population. Their poverty rates are more likely to be at least 30 percent and up to 60 percent in some areas.

They are the smallest group and the most difficult on which to find reliable data. Some of the proposals for the Older Americans Act are asking for a new office to deal with the Native American Indians and Hawaiian Natives. This is going to be a very difficult problem.

The most difficulties we had in getting acceptable data was for the Native American population on the State level. Over-sampling in Indian reservations or tribal areas may be a way to get it. The needs of the Native American elderly are very great.

Their health problems are unique and they are extraordinarily poor. I do agree that they do merit special attention.

The CHAIRMAN. They have not been receiving special attention despite the fact that there are many who have said that the Native American is very well taken care of through various pieces of legislation passed by the Congress of the United States. That is not the fact.

Do you agree with that?

Ms. AGREE. Oh, absolutely not.

The CHAIRMAN. Would you please comment on the reliability of the Census Bureau's approach of combining data from surveys taken over several years in order to try to have a sample size that is large enough for statistical purpose?

Ms. AGREE. I would like to supply that for the record, not something I have dealt with as yet.

[The following material was subsequently received from Ms. Agree.]

To the best of my knowledge, the Census Bureau has investigated the use of merged survey data in order to supplement the decennial census with statistically reliable information on a national level on detailed questions not covered in the population census. This involves the compilation of existing national surveys of specialized concern, such as the Survey of Income and Program Participation (SIPP), and the Health Interview Surveys (HIS).

Although statistical methods of adjustment are available to pool separate, national surveys, the accuracy of these merged data are still not comparable to that of the decennial census. Whether or not these surveys could be used, even on a national level to accurately portray the situation of subgroups of the population, including minority elderly and the oldest-old, is extremely doubtful.

In addition, this proposal certainly in no way addresses the need for accurate local area data. Sample sizes for national surveys are far too small to be used for local area estimates.

Supplementation of a full population census with these individual surveys, however, is essential in formulating policy since they do provide far more detailed information on issues of legislative concern, such as poverty, health status, and service use.

The CHAIRMAN. I would like to ask others who might respond to that to also supply information for the record if you can.

Dr. Keane, I would like to find out if there is a difference in that response between you and Ms. Agree.

Dr. KEANE. On the possibility of combining survey data over several years as opposed to one.

The CHAIRMAN. Yes.

Dr. KEANE. That addresses this question as well as a former one that you asked. Some of the things we are looking at in this Interagency Forum on Aging Statistics is to do those things we might not otherwise do, to make our resources go farther and get additional insightful data.

My colleague, Cynthia Taeuber, is looking in on this.

The CHAIRMAN. To do a better job of tabulating, gathering publishing data with regard to the elderly population, how can we do that if these questions are going to be practically eliminated? That is the first question.

The next question is how can we make recommendations to improve data gathering if these positions have already been taken by the Office of Management and Budget?

Are these positions fixed to the point where they cannot be changed?

Do you think we can get the OMB to reconsider the importance of these questions?

Dr. KEANE. The Office of Management and Budget should probably speak for themselves, but my experience is that they are in a process. Part of that process is to propose and then to take comment and also to ask for impact statements in the statistical sense which we have and are continuing to supply them.

They have changed their mind in the past and likely will in the future. But it is part of the established process as is Congress' role in this, too. We should not just limit ourselves to the decennial census.

The Census Bureau does about 220 to 250 surveys annually, which may not sound like they have anything to do with the elderly, but they do. The Census of Agriculture is being taken and that will show the elderly in the farm populations and that may be the subject of a hearing before your committee.

The CHAIRMAN. I would like to have OMB to come here and tell us why these questions should be almost eliminated.

I think the only possibility of change is if people like you, from various agencies—like those of you on this panel—start pointing out to the OMB the visibility of making the contemplated changes and what effect these changes would have on the overall available knowledge one would have if they are eliminated.

If they are eliminated, we will, of course, reduce that knowledge. I think we members of Congress should also start asking a lot of questions; and we will, as to why this is being done?

But I am afraid after the Census is over we are going to pass another Roybal amendment and another Dymally amendment. Possibly both will be shelved as the Roybal amendment has been, and nothing will happen.

I think in order to gain some semblance of order, we should start now in prevailing upon OMB to reconsider.

What recommendations do you have on how that can be done? After the Census is taken, it will be too late. They have to change their position somewhere down the line.

How can we do this together?

Dr. KEANE. The Census Bureau's job is to provide as reliable data as we can. When someone proposes to somehow change any of our programs, it is our job to point out statistically, which is what we do, what that would mean and where data would be less reliable.

Yet, those who have the decision-making authority then must exercise it, whether that is OMB or Congress.

The CHAIRMAN. Mrs. Agree?

Ms. AGREE. I agree with Dr. Keane. I think the Census Bureau ought to make the decision as to what constitutes a reliable and accurate sampling frame to use. They are ready to go, as far as I know, with the dress rehearsal proposal for what they thought would be an adequate coverage of the population.

It may be possible to go through with the dress rehearsal as proposed and make decisions later.

Ms. MCKAY. We have expressed our opinions as advocacy groups. They tend to have less impact on OMB. We can make the statement again, but I think it will have to come more from others than us.

The CHAIRMAN. Mr. Ortiz.

Mr. ORTIZ. I agree with that position, too, but I think this committee could call OMB before this committee to testify also, to give you information on the rationale for eliminating that information from the questionnaire.

The CHAIRMAN. We will have such a hearing soon and we will have OMB before this committee at that time. I would like to start something before November.

I would like to prepare a letter this committee will send to OMB. I would like to send a copy of that letter to every member of this panel.

I am going to ask you to support the committee in making the request that they reconsider their position. It is not going to be a demand. We are not going to raise our voices or anything of the kind, but very firmly make the recommendation that they reconsider.

Would it be possible for every one of you to support that endeavor or is it something forbidden for one reason or another?

Dr. KEANE. It is certainly possible. I would respectfully request seeing the letter first.

The CHAIRMAN. Of course, but you can be sure that letter will be in a positive vein. We are not going to scold anyone. We are not going to tell them how wrong they are, but simply recommend that because we want the accurate information we want them to reconsider their position. How about you, Ms. Agree?

Ms. AGREE. That certainly reflects my perspective. I would be glad to.

Ms. MCKAY. We would be delighted to do so.

Mr. ORTIZ. So would we.

The CHAIRMAN. Fine. I thank the members of the panel for their excellent testimony. This committee will take it under advisement and take the appropriate action.

Thank you very much. The meeting is now adjourned.

[Whereupon, at 11:37 a.m. the hearing was adjourned.]

APPENDIX I

(Submitted for the record by Emily M. Agree)

PORTRAIT OF NATIVE AMERICAN ELDERLY

MINORITY POPULATIONS AMONG THE AGED

Although aging has sometimes been called the great "equalizer", today's elderly are a diverse group of individuals. Significant differences exist within the older population in terms of basic quality-of-life factors, such as income, health, and social supports. One important reason for such diversity is the race/ethnicity of older persons.

The status and resources of many minority elderly reflect social and economic discrimination experienced earlier in life. For some, there also are the additional, enduring effects of migrating to a new country with a strange language. For nearly all minority elderly, their older years were preceded by lifetime efforts to balance their unique cultural heritage and values with those of the majority White population.

In 1980, over 2 and one half million persons, or 10% of all persons aged 65 and over, were nonwhite. Minority elderly have been increasing at a faster rate than White elderly in recent years and we can expect this trend to continue. By 2025 15% of the elderly population are projected to be nonwhite and, by 2050, one in five older persons is likely to be nonwhite.

Minority populations in the United States, however, are still "younger" in composition than the White population: approximately 11% of Whites, in contrast to 8% of Blacks, 6% of Asian and Pacific Islanders, and 5% of Spanish-origin and Native American populations were aged of 65 and over in 1980.

AMERICAN INDIAN AND ALASKAN AGED

The Native American elderly are a relatively small group, numbering just

under 80,000 persons in the United States. They account for less than one percent of the entire elderly population. The Native American elderly, therefore, have long been an "invisible," and largely ignored minority. Until recently, relatively little information has been available about older American Indian and Alaskan Natives.

Among racial and ethnic minorities in this country, Native Americans are unique in that federal laws reserve to Indian tribes certain important powers of self-government. These powers include the rights to define tribal membership, tax tribe members, regulate domestic relations between members and, to some extent, govern the behavior of both residents and non-residents on reservations.

Under the United States Constitution, the Federal government is responsible for dealing with Indian tribes. Thus the Congress and the Bureau of Indian Affairs, and not the individual States, are the final arbitrators of questions pertaining to the status or service needs of Native Americans. Because of this, the service needs of older Native Americans have largely fallen through the "cracks in the system" increasing their risks of sub-standard housing, poverty, malnutrition, and poor health.

Demographic Characteristics

Approximately 79,500, or about 5% of the Native American population in the U.S. were elderly in 1980. Of these about 7.7% were aged 85 and over, i.e., about 1 in 13 were counted among the "oldest-old". The age structure of the Native American population then, is somewhat younger than that of the general population, in which 11% were 65 or over, and about one in ten of all elderly were 85 years of age and over in 1980.

The relative number of elderly in the American Indian population has

grown faster than in other racial/ethnic groups. Between 1970 and 1980, the older Native American population grew by 65%. This is twice the rate of increase in the relative number of either White or Black elderly.

The vast majority of older Native Americans are women. For every 100 women aged 65 and over in the Native American population there are but 83 men of comparable age. This average, however, masks large differences by age. As shown in Figure 1, among those 55-59 years old, there are 94 men for every 100 Native American women. The ratio of men to women declines with age so that at ages 85 and over there are only 58 men for evey 100 Native American women. This is because, among Native Americans, as in the U.S. population as a whole, death rates are higher for men than women.

Approximately one-quarter of the Native American elderly lived on reservations or in Alaskan Native villages. Over half are concentrated in the Southwestern states of Oklahoma, California, Arizona, New Mexico, and Texas. An additional 20% lived in states along the Canadian Border (see Figure 2).

A far greater proportion of Native American elderly -- over half -- live in rural areas than does any other subgroup. Only about 10% of Asian or Spanish-origin elderly, 20% of White elderly, and 26% of Black elderly live in rural areas. These differences reflect the historic restriction of Indians to reservation areas.

ECONOMIC STATUS OF THE NATIVE AMERICAN AGED

Many of the differences between minority elderly and their White counterparts are due to earlier life factors, such as education, income, and work history.

Education

Unlike older immigrant minorities, the Native American elderly have been educated exclusively within the school system of the U.S. Both on and off reservations, the quality of schooling available to Native Americans often has been very poor.

Limited education plays an important part in understanding the low socio-economic status of most older Native Americans. One-eighth of all native American elderly (13% of men and 11% of women) have had no formal education. This is second only to the proportion of uneducated in the older Spanish population (16%), but well above the proportion of Asian, Black, and White elderly with no schooling.

Fewer Native American elderly, 23%, have completed High School, than have White elderly (41%). The Native American elderly who graduated from High School also were not as likely as their White counterparts to have earned a college degree. Only 17% of all elderly Native Americans who completed High School also obtained college degrees, compared to 22% of Whites. Native American elderly also are only half as likely as Whites of a similar generation to be have graduated from college (3.7% vs. 9%) (see Figure 3).

Employment

Native Americans are as likely as Whites to continue working after age 65 (12% and 13% respectively). Older Native Americans, however, are more likely to be in the labor force but unemployed (9% versus 5%).

Older native Americans and Whites have quite different lifetime employment histories. Among men, native Americans have lower levels of lifetime labor force participation than their White counterparts. They also are more likely to have experienced periods of unemployment for a variety of

reasons. Only 63% of Native American men 55-59 years of age are in the labor force with 9% of these unemployed. Among their White counterparts, 82% are in the labor force with only 4% unemployed.

Like Whites, only 8% of Native American women are active in the labor force past age 65, though more consider themselves unemployed (10% and 6% respectively). Also unlike other minorities, fewer Native American women are working in late middle age--38% of Indian or Eskimo women are in the labor force at age 55-59, while 48% of White women, and 56% of Black women of that age are working.

Income

Although Native American elderly are not statistically as impoverished as Black elderly, the median income of Native American elderly is still only about half that of White elderly. In 1979, the median income for older Indian and Eskimo men was 58% of that of White men -- $7,408 for White men 65+ vs. $4,257 for Native American men. Median incomes for older women are even lower -- $3,894 for older White women and $3,033 for Native American women (see Figure 7).

Such differences reflect reduced education, less competitive job skills, and lower salaries paid to Native Americans over their entire life cycle. Cultural and linguistic difficulties encountered by older Indians have made it difficult for them to work anywhere but on of reservations or in isolated rural areas. Their problems were further compounded by the lack of of jobs yielding Social Security or private pension benefits on reservations or in Native villages. For many Native American elderly, their sole source of income is welfare or Social Security at the very minimum level.

Poverty Status

Overall, 13% of Whites but 32% of Native Americans aged 65 and over are below the official poverty cut-off. In urban areas, 25% of Native American elderly are in poverty; in rural areas, the proportion of Native American is even higher -- 39% in 1980.

Poverty estimates do not totally represent the financial status of Native American elderly. Judgement funds allocated to various tribes by the federal government as compensation for appropriated lands and rights are often redistributed to elderly tribe members and counted as regular income in benefit determination. Sales of individual arts and crafts also are deducted from benefits, and many elderly women, whose Indian common law marriages are unrecognized by the State, are denied survivorship benefits.

American Indian and Alaskan Native elderly live in relative poverty and isolation. They experience cultural conflict with and lack access to resources of the Anglo culture which surrounds them. Although the elderly are more dependent on family, their middle-aged children often have few resources to share.

MARITAL STATUS

The marital status of Native American and White elderly are quite similar. The majority of both White and Native American men 65 and over are married (74% and 60% respectively) and the majority of women are widowed (51% and 55%). This occurs because women are more likely to outlive their husbands.

About twice as many older Native Americans men and women are divorced or separated as Whites, 12% and 6% respectively. The proportion widowed among Native American elderly also is somewhat higher (see Figure 5).

LIVING ARRANGEMENTS

Approximately 94% of all elderly live in households in the community. The proportion of Native American Americans in the community is slightly higher -- 96%.

Somewhat more Native American elderly live with family members (66%) than older Whites (65%). For both groups, more older men live with family than older women, but male-female differences are not as great in the Indian population as in the White population (see Figure 6). Both male and female Native Americans aged 65 and over are more likely to live in the home of an adult child than their White counterparts.

Rates of institutionalization among Native American elderly are very low. This trend is most apparent among the oldest-old (85 and over) who are, in general, much more likely to be widowed and in poor health. As shown in Figure 7, 23% of Whites at this age were in Homes for the Aged in 1980, but only 13% of Native Americans were residents of such institutions. Again, male-female differences are not as great in the Indian population, where 10% of the oldest men and 15% of women are in Homes for the Aged. In the White population, 16% of men but over 26% of women 85 and over live in such facilities.

Such data support the contention that, because American Indian culture emphasizes respect for elders Native Americans are more reluctant to institutionalize an older frail parent. But older Native Americans also have less access to nursing homes than White elderly.

Contrary to popular stereotype, however, the elderly -- be they White, Black or Native American -- are not abandoned by their families. Admission of an older relative to a nursing home is usually a last, not a first, resort for

most families. The majority of frail elderly are cared for in the community and by family, friends, and neighbors. Family support is particularly important for Native American elderly living in isolated rural areas with little access to formal services.

HEALTH OF THE NATIVE AMERICAN ELDERLY

As a group, Native American elders are in worse health, have less access to health insurance, and higher mortality risks than the Whites. According to the latest figures available from the Indian Health Service, average life expectancy at birth for Indians in 1980 was estimated to be only 65 years, 8 years less than that of Whites.

The major health problems of elderly Indians are tuberculosis, diabetes, liver and kidney disease, high blood pressure, pneumonia, and malnutrition. They also have higher rates of many chronic degenerative diseases, such as diabetes and arthritis. High rates of many of these diseases among elderly Native Americans are related to the prevalence of alcoholism among adult Indians.

The Native American elderly are mainly served by the Indian Health Service clinics and hospitals. Many of these facilities do not meet state accreditation standards due to understaffing, lack of equipment, and outdated administrative procedures.

In addition to poor health facilities, the majority of the Indian and Alaskan elderly rarely see a physician. According to a survey conducted by the National Indian Council on Aging, 28% of Indian and Alaskan elderly had not seen a doctor in at least 6 months, and another 25% had made only one physician visit in the same period. The primary reason for this is that many of the older persons needing medical assistance live in isolated areas and

lack transportation. Another important factor, however, is a long-standing reliance on ritual folk healing, and a different cultural understanding of disease.

THE FUTURE

If present trends continue, the Native American population, more so than any other, will be faced with the difficult challenge of meeting the needs of growing number of elderly with the resources of a declining working age population. Profiles of the now middle-aged population suggest there will be little improvement in the status of older Native Americans in the next 20 years.

PROFILE OF NATIVE AMERICAN ELDERLY
was prepared by Emily M. Agree
Center for Population Research
Georgetown University

*Unless otherwise indicated, all data are from the 1980 Census of Population, U.S. Department of Commerce, Bureau of the Census.

PORTRAIT OF SPANISH ELDERLY

MINORITY POPULATIONS AMONG THE AGED

Althoug.. aging has sometimes been called the great "equalizer", today's elderly are a diverse group of individuals. Significant differences exist within the older population in terms of such key quality of life factors as income, health, and social supports. One important reason for diversity is the race/ethnicity of older persons.

The status and resources of many minority elderly reflect the social and economic discrimination experienced earlier in life. For some, there also are the additional, enduring effects of migrating to a new country with a strange language. For nearly all minority elderly, their older years are preceded by lifetime efforts to balance their unique cultural heritage and values with those of the majority White population.

In 1980, over 2 and one half million persons, or 10% of all persons aged 65 and over, were nonwhite. Minority elderly have been increasing at a faster rate than White elderly in recent years and we can expect this trend to continue. By 2025 15% of the elderly population are projected to be nonwhite and, by 2050, one in five older persons is likely to be nonwhite.

Minority populations in the United States, however, are still "younger" in composition than the White population: approximately 11% of Whites, in contrast to 8% of Blacks, 6% of Asian and Pacific Islanders, and 5% of Spanish origin and Native American populations were aged of 65 and over in 1980.

HISPANIC ELDERLY

The people of Spanish-origin or descent in the United States include those who identify themselves as being Mexican, Puerto Rican, Cuban, or of

"other Spanish/Hispanic origin." This last category also includes those whose origins are from Spain or the Spanish-speaking countries of Central or South America. Although "Hispanics" share a common language, there are still considerable differences among them in national identity and culture.

Another important characteristic of the Spanish-origin population, is that it includes both Blacks and Whites. In the 1980 Census, about 68% of the Spanish-origin elderly listed their race as White and 3% as Black, while 42% reported no race. Therefore, data cited for Whites and Blacks also include some persons of Spanish-origin, though the actual numbers of Spanish-origin elderly account for very small proportions of the Black and White elderly population. Only 2% of Whites and about 1% of Black elderly are of Spanish origin. Although there is some overlap among the groups, valid comparisons can still be made.

Demographic Characteristics

Approximately 673,000, or about 5% of the Spanish-origin population in the U.S., were 65 years of age or over in 1980. Of these, about 1 in 3 persons (35%) were 75 years old or older. The Hispanic population, then, is considerably "younger" than the U.S. population as a whole, in which 11% were 65 or over and about 40% of the elderly are over 75 years of age or older.

The vast majority of older Hispanics are women. For every 100 women in the Spanish-origin population there were but 82 men of comparable age in 1980. This average, however, masks large differences by age. The ratio of men to women declines with age so that for those aged 85 and over in 1980, there were only 61 men for every 100 Spanish-origin women. This is because among Hispanics, as in the U.S. population as a whole, death rates are higher for men than for women (see Figure 1).

Eleven percent of the Spanish-origin elderly live in rural areas. This is less than half the proportion of White elderly (26%) who live in rural places. The vast majority of the Hispanic elderly live in one of four states: California (25%), Texas (22%), Florida (14%), or New York (11%) (see Figure 2). The relative number of elderly in these Hispanic populations, however, is three times as large in Florida (11%) as in the other three states (approximately 4%).

This is not an unusual pattern of geographic distribution for a population in which 51% are foreign born immigrants. Nonetheless, the composition of the Hispanic population differs among the four states with large concentrations of Hispanic elderly. While the majority of the Hispanic population in California and Texas are from Mexico or Central America, Florida is the undisputed capital of the Cuban population in the United States, and New York receives a large number of immigrants from the U.S. territory of Puerto Rico and the Carribean Islands.

ECONOMIC STATUS OF SPANISH AGED

Many of the differences between minority elderly and their White counterparts are due to earlier life factors, such as education, income, migration, and work history.

Education

Unlike many Asian immigrants who migrated as professional workers, Spanish migrants have been primarily semi-skilled workers who sought greater employment opportunities in the U.S. Among older Hispanics in the U.S., 16% have had no education and only 19% graduated from High School. In contrast, about two out of every five older Whites completed High School.

Of all the minority elderly, those of Hispanic background are the most poorly educated. The proportion with no formal schooling exceeds that of the Native American elderly by 4%, is twice that of older Asians and Blacks, and eight times as great as the proportion of uneducated Whites (see Figure 3).

Employment

The percentage of Hispanic elderly in the labor force (13%) is the same as that in the White population. Of those in the labor force, however, the relative number of unemployed workers is nearly twice as great among the Spanish-origin elderly (9%) as among White elderly (5%).

Pre-retirement activity rates (at ages 55-59) among the Spanish population, however, are somewhat lower than for Whites -- 60% in the labor force with 7% unemployed, versus 64% of Whites with only 4% unemployed.

Labor force statistics for the Spanish population at any ages may be somewhat misleading. There exist a substantial number of uncounted, undocumented Hispanic migrants who cannot work in the formal sector of the economy. Therefore, official labor force rates somewhat underestimate the numbers working by excluding those in low-paying domestic and service jobs in the informal sector.

Income

The median personal income in 1979 of Hispanic men aged 65 years or more ($4,592) was but 62% of the median income of White men of the same age. Elderly women in both groups, however, were more disadvantaged than the men. Their median incomes of $3,894 for White women and $2,873 for Spanish women only were about half that of their male counterparts (see Figure 4). White-Hispanic differences in median income among the elderly summarize the

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disadvantages of a population in which English is a second language, educational experience is often limited and job skills are less competitive. A substantial number of Hispanic elderly also had interrupted work histories and worked in jobs not covered by Social Security.

Poverty Status

The percentage of Spanish-origin elderly with incomes below the poverty level (26%) was twice that of elderly Asians (14%), or older Whites (13%). It is, however, substantially lower than that of older Native Americans (32%) or Blacks (35%). Poverty rates in general are substantially higher for older women and those who live in rural areas. The effects of these differences are cumulative, making rural women the most impoverished group of all. For example, among the Hispanic elderly, 38% of rural women had below-poverty level incomes in 1980. Among the White population, the percentage of rural women below the poverty line was about 21%, the same as for elderly Hispanic men in urban places.

Poverty rates for White elderly have declined rapidly since 1970 while the relative number of Spanish elderly living in poverty has increased. In 1980, the Spanish poverty rate for elderly was 3 times the White rate, while in 1973 the Spanish rate was about twice as high as the White poverty rate for the elderly (see Figure 5).

MARITAL STATUS

Regardless of race or ethnicity, the majority of older men are married while the majority of older women are widowed (see Figure 6). This is because women are more likely to outlive their husbands. In addition, after a disrupted marriage, elder men more often remarry than women.

LIVING ARRANGEMENTS

About 97% of the Hispanic elderly live in households in the community, a somewhat higher percentage than that of White elderly (94%) (see Figure 7). There are striking differences between older Whites and Hispanics in terms of the likelihood of living in the Home of an adult child. About one-quarter of all older Hispanics live with a child in contrast to only one in ten White elderly.

Rates of institutionalization are markedly lower among minority elderly. While 5% of White elderly in 1980 lived in facilities designated as Homes for the Aged, only about 2.3% of Spanish elderly lived in such facilities. Contrary to popular stereotype the elderly -- be they White or Spanish -- are not abandoned by their families. Admission of an older relative to a nursing home is usually a last, not a first resort. The vast majority of frail elderly remain in the community and or cared for by family, friends, and neighbors.

HEALTH OF THE SPANISH AGED

The incidence and prevalence of chronic disease increases sharply with age. Of persons 65 and over in the community, 85% reported at least one chronic ailment and 45% report some limitation in performing day to day activities. Hispanic elderly have somewhat higher rates of activity limitation (48%) and have more annual bed-disability days than other racial/ethnic groups.

According to a 1980 survey of Hispanic aged by the Asociacion Nacional Pro Personas Mayores (ANPPM) arthritis was the most prevalent chronic condition among the Spanish elderly with 48% of Mexican Americans, 55% of

Cubans, 59% of Puerto Ricans, and 56% of other Hispanics citing this problem. Hypertension ranked second with stroke and other cardiovascular conditions, third for all but Mexican Americans. Among this group for diabetes was the third most prevalent disease, and cardiovascular conditions were ranked fourth. Cataracts, glaucoma, and heart disease also are prevalent among Spanish, as well as White, elderly.

Elderly of Spanish-origin often have difficulty communicating with physicians in English, and translators are not always available. However, according to both ANPPM and the National Center for Health Statistics, the most usual place of medical treatment for Hispanic elderly is in the physician's office. NCHS reports that about 83% of Spanish elderly saw a physician at least once within the past year.

Hispanic elderly underutilize many other types of health care services. Cost is an important factor. Despite high levels of Medicaid-eligibility only 71% of eligible Hispanic aged were actually enrolled in 1980.

THE FUTURE

The Hispanic elderly have faced linguistic and cultural barriers in the United States, as well as discrimination in access to educational, jobs, and health resources. The Spanish population in general is the fastest growing minority in the United States, and more recognition is currently being paid to the needs of Spanish residents than ever before. Recent attempts to improve access to education and job training may benefit younger Hispanics. When these younger cohorts enter the older ages, they are likely to be better off in comparison with today's Hispanic elderly. Nonetheless, it is unreasonable to expect a dramatic narrowing of Hispanic-White differences in the older population of the future.

PROFILE OF SPANISH ELDERLY

was prepared by Emily M. Agree
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*Unless otherwise indicated, all data are from the 1980 Census of Population, U.S. Department of Commerce, Bureau of the Census.

PORTRAIT OF ASIAN ELDERLY

MINORITY POPULATIONS AMONG THE AGED

Although aging has sometimes been called the great "equalizer", today's elderly are a diverse group of individuals. Significant d fferences exist within the older population in terms of basic quality-of-life factors, such as income, health, and social supports. One important reason for such diversity is the race/ethnicity of older persons.

The status and resources of many minority elderly reflect social and economic discrimination experienced earlier in life. For some, there also are the additional, enduring effects of migrating to a new country with a strange language. For nearly all minority elderly, their older years were preceded by lifetime efforts to balance their unique cultural heritage and values with those of the majority White population.

In 1980, over 2 and one half million persons, or 10% of all persons aged 65 and over, were nonwhite. Minority elderly have been increasing at a faster rate than White elderly in recent years and we can expect this trend to continue. By 2025 15% of the elderly population are projected to be nonwhite and, by 2050, one in five older persons is likely to be nonwhite. Minority populations in the United States, however, are still "younger" in composition than the White population: approximately 11% of Whites, in contrast to 8% of Blacks, 6% of Asian and Pacific Islanders, and 5% of Spanish-origin and Native American populations were aged 65 and over in 1980.

ASIAN ELDERLY

Asian and Pacific Islanders in this country include a number of distinct cultural groups: Japanese, Chinese, Filipino, Asian Indian, Korean,

Vietnamese, Cambodian, Hawaiian, Samoan, Guamian, and others.

Although diverse in origin, Asians in the United States share an immigrant history and have often been treated similarly under U.S. law. The Asian elderly today consist mainly of three groups: migrants who arrived during the first part of this century, mostly from China; children born to immigrants around the turn of the century; and elderly migrants who entered the U.S. with their families from Vietnam and Cambodia.

After immigration quotas were lifted in 1965, Asian immigration increased by 1,000% over the next ten years. Strong family ties are evident among these recent Asian immigrants as large numbers brought with them family members, particularly aging parents. Between 1965 and 1975 alone, there was a four-fold increase in the number of Asian immigrants 50 years of age or older.

Demographic Characteristics

Approximately 221,5[illegible], or 6% of Asians in the U.S., were 65 years of age or over in 1980. Of these about 1 in 3 (36%) were 75 years old or older. The Asian population, then, is "younger" than the general population, in which 11% were 65 or over, and about 40% of these elderly were aged 75 years and over in 1980.

Although Asian women can expect to live longer than men there are relatively more older Asian men than women in the U.S. Figure 1 shows the sex ratios (the number of men per hundred women) by age for both White and American-Asian elderly. Among Whites the sex ratios decline with age as a result of higher male mortality at all ages. But the ratio of Asian males to females actually increases with age, except at the very oldest ages. This is due to the lasting effects of predominately male migration in the first part of the century. In 1900 the sex ratio for the adult Chinese population was a

staggering 1,385 men per hundred women. These Asian men, mainly Chinese and Filipino, migrated to the U.S. and worked as laborers, but were denied marital rights during the first half of the century under immigration restrictions.

Approximately 10% of the Asian elderly live in rural areas, where many migrants established farms, and over 55% are concentrated in the three western states of California, Hawaii, and Washington. Of the remainder, most live either in the New York/New Jersey (12%) or in Illinois and Texas (8%) (see Figure 2).

ECONOMIC STATUS OF ASIAN AGED

Many of the differences between minority elderly and their White counterparts are due to earlir life factors, such as education, income, immigrants status, and work history.

Education

Recent migrants from the Asian countries include a large number of well-educated professionals. In spite of this, Asian elderly are considerably more likely than older Whites to have had no formal education (13% of Asians vs. 1.6% of Whites 65 and over). One-third of elderly Asian men who completed High School, however, obtained college degrees as opposed to only one-fifth of White men with High School diplomas (see Figure 3).

Employment

Asians are more likely to continue working after age 65 than Whites. Even at age 75 and over, approximately 16% of all Asian-Americans work. A large number of Asians are self-employed (approximately 25%), many as farmers

or in small businesses. Of those in the labor force, however, 8 percent of older Asians report that they are unemployed and seeking work, as opposed to only 5 percent of the White elderly.

Income

As a group, Asian elderly are financially disadvantaged compared with Whites. The differences, however, are not so great as for those between older Whites and Blacks or those of Spanish-origin. Differences are greatest for men and increase with age. In 1979, the median income for older Asian men was 77% of that of White men -- $5,934 for White men over 75 vs. $4,562 for Asian men. Median incomes for older women are even lower -- $3,809 for Whites and $3,427 for Asians (see Figure 4).

Similarities between the incomes of older American-Asians and Whites are due, in part, to comparability in education and the greater number of Asian elderly who remain in the labor force past age 65, compared to either Whites or other minority elderly.

Poverty Status

Poverty rates for older Whites and Asians also are quite similar. Some Asian elderly, particularly those at the oldest ages and in rural areas, actually appear to be better off than their White counterparts.

Overall, 13% of Whites and 14% of Asians over 65 had below poverty-level incomes in 1980. This slight difference is mainly due to higher rates of poverty among Asians in urban areas where 90% of the Asian elderly reside. In urban areas, 22% of Asian elderly, in contrast to 19% of White elderly, are in or near poverty. For those in rural areas, however, the proportion of White elderly in or near poverty is slightly higher than that of Asians (27% and 26%

respectively).

The most impoverished group, among all the elderly, are older women in rural areas, but even within this group, Asian women are slightly better off than White rural women. Of those 75 years and over in the rural areas, 40% of White women and only 37% of Asian women, are in or near poverty.

MARITAL STATUS

Regardless of age or ethnicity, the vast majority of men aged 65 and over are married while the majority of women are widowed. Among Asian elderly, 65% of the men are married and 56% of the women are widowed. This is because women are more likely to outlive their husbands.

The proportion of Asian elderly who are currently married is somewhat lower than that of Whites for both sexes (46% versus 51% overall), while the number divorced or separated is higher, (12% versus 6%) (see Figure 5).

LIVING ARRANGEMENTS

Approximately 94% of all elderly live in households in the community. The proportion of Asian-Americans in the community is slightly higher -- 96%. Of these, a higher proportion of Asian elderly are living with family members. One-third of Asian elderly live in the household of an adult child while only 10% of White elderly do so. Only one-quarter of Asian elderly in households live alone, whereas almost one-third of White elderly live by themselves (see Figure 6).

Rates of institutionalization among Asian elderly also are much lower. While 5% of the White population over 65 were in Homes for the Aged in 1980, only 2% of Asian elderly were residents of such institutions. This difference is even more pronounced among the oldest-old (85 and over) who are much more

likely to be widowed and in poor health. Whereas 23% of Whites at this age are in Homes for the Aged, only 10% of Asians live in such institutions (see Figure 7).

Contrary to the popular stereotype, the elderly -- be they White, Black or Asian -- are not abandoned by their families. Admission of an older relative to a nursing home is usually a last, not a first, resort for most families. The majority of frail elderly are cared for in the community by family, friends, and neighbors. This is particularly true of Asians whose cultural heritate enphasizes strong family ties and respect for elders.

HEALTH OF THE ASIAN ELDERLY

There are relatively little data on the health and service utilization patterns of elderly Asians, but a few studies have documented a number of significant differences.

Asian elderly are less likely to use formal health care services such as those reimbursed under Medicare. Reasons for such underutilization include cultural norms of independence, language barriers and isolation, and also, distrust of Western medicine.

Older Asian Americans suffer cultural and linguistic barriers in obtaining access to and understanding the current health care system. For elderly of all ethnic backgrounds, many of the Medicare and Medicaid procedures are intimidating and difficult to comprehend.

Additionally, strong cultural values emphasize the importance of bearing pain and suffering quietly. This encourages some Asian elderly to avoid medical treatment for their chronic conditions or to seek assistance with day to day activities of daily living from only family members.

THE FUTURE

The large waves of Asian immigration appear for the most part to have subsided. The younger Asians, particularly those native born, will have better language skills and be more assimilated into the American culture than their ancestors. In spite of enduring cultural differences, Asian elderly of the future are likely to further close the gap between White and Asian elderly.

PROFILE OF ASIAN ELDERLY
was Prepared by Emily M. Agree
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*Unless otherwise indicated, all data are from the 1980 Census of Population, U.S. Department of Commerce, Bureau of the Census.

PORTRAIT OF BLACK ELDERLY

MINORITY POPULATIONS AMONG THE AGED

Although aging has sometimes been called the great "equalizer", today's elderly are a diverse group of individuals. Significant differences exist within the older population in terms of basic quality-of-life factors, such as income, health, and social supports. One important reason for such diversity is the race/ethnicity of older persons.

The status and resources of many minority elderly reflect social and economic discrimination experienced earlier in life. For some, there also are the additional, enduring effects of migrating to a new country with a strange language. For nearly all minority elderly, their older years were preceded by lifetime efforts to balance their unique cultural heritage and values with those of the majority White population.

In 1980, over 2 and one half million persons, or 10% of all persons aged 65 and over, were nonwhite. Minority elderly have been increasing at a faster rate than White elderly in recent years and we can expect this trend to continue. By 2025, 15% of the elderly population are projected to be nonwhite and, by 2050, one in five older persons is likely to be nonwhite.

Minority populations in the United States, however, are still "younger" in composition than the White population: approximately 11% of Whites, in contrast to 8% of Blacks, 6% of Asian and Pacific Islanders, and 5% of Spanish-origin and Native American populations were aged of 65 and over in 1980.

BLACK ELDERLY

The Black aged have been characterized by many as suffering a dual or

multiple burden, being disadvantaged both as elderly and as a racial minority in our society. The special history of Blacks has been dominated by slavery, and its aftermath, segregation. Statistical comparisons underscore the unequal starting points created by this history.

Even today, being Black means greater risks of being poor, malnourished, in ill health, and living in substandard housing. Today's older Blacks have incurred these risks throughout their lives and their cumulative consequences are evident in their old age.

Demographic Characteristics

Approximately 2.1 million, or about 8% of the Black population in the U.S., were 65 years of age or older in 1980. Of those over 65, about 7.5% were aged 85 and over i.e., about 1 in 13 elderly were counted among the "oldest-old". The age structure of the Black population is somewhat younger than that of the general population, in which 11% were 65 or over, and about one in ten elderly were 85 years of age and over in 1980.

Black elderly are the fastest growing segment of the Black population. Between 1970 and 1980, the Black elderly increased in number by 34% while the total Black population increased by but 16% during the same decade.

The vast majority of older Blacks are women. For every 100 Black women aged 65 and over there are only 73 Black men of comparable age. This average, however, conceals the fact that the ratio of men to women declines with age. Among Blacks aged 55-59, there are 81 men for every hundred women, while the ratio of Whites is 90. At age 70-74, the sex ratio of Whites and Blacks is much closer, 69 versus 72, but the number of men per 100 women drops much faster and farther among Whites, to a low of 43 at the oldest ages. In contrast, there are still 50 Black men for every hundred Black women aged 85

years or older (see Figure 1).

According to the 1980 census, approximately one-fifth of the Black elderly lived in rural areas, a somewhat lower proportion than White elderly (26%), and over 59% are still concentrated in the Southeastern states. Of the remainder, most lived either in the North Central area (18%) or in the Northeast region (16%) (see Figure 2).

ECONOMIC STATUS OF BLACK AGED

Many of the most striking differences between Black elderly and their White counterparts are due to earlier life factors, such as educational attainment and work history, as well as to disparities in current financial resources.

Education

Unlike immigrant minorities, who usually migrate after completing their education, Black elderly generally obtained their education within the school systems of the U.S. Access to educational resources, however, has been severely limited for Blacks in the United States. The affirmative action and minority scholarship programs that have been instituted in the last twenty years have benefitted today's Black elderly little, if at all.

Despite the poor quality of education available to Blacks, only 6% have had no formal education. This is still higher than the proportion in the White population (1.6%), but well below the proportion of Asian, Native American, and Spanish elderly with no schooling.

There is, however, a marked difference in educational achievement for those who had any formal schooling. Only a relatively small number of the Black elderly, 17%, have completed High School, in comparison with 41% of

White elderly and 35% of Asians. The Black elderly who graduated from High School, however, were as likely as their White counterparts to have earned a college degree. One-fifth of all Black and White elderly who completed High School went on to obtain a college degree. In total, Black elderly are only half as likely as Whites of a similar generation to be college graduates (4% vs. 9%) (see Figure 3).

Employment

Blacks are as likely as Whites to continue working after age 65 year (about 13%). Among men, however, Blacks accumulate less work time over the course of their lives. They are more likely to have experienced periods of unemployment for a variety of reasons, including discrimination in the work place, and also are more likely to leave the labor force at an earlier age.

Figure 4 illustrates this for White and Black males aged 70-74 in 1980. For this cohort, the decline in labor force participation in middle age (the mid-40's to mid 50's) was steeper for Blacks than for Whites. Such lifetime differences translate into less access to private pensions and smaller Social Security benefits which are computed on the number of years worked.

Racial differences in labor force participation among women are more complex. Activity rates for the same cohort of women (shown in Figure 4) increase during middle age, but rates of retirement for Black females tend to be lower than those for White women.

Historically, older Black women have had much higher rates of labor force participation than White women. But in the last 30 years, these rates have converged so rapidly that current differences by race are minimal. In the third quarter of 1984, for example, 7.3% of White and 8% of Black older women were working.

Income

By any standard, Black elderly are the most economically disadvantaged of any of the minority groups. As shown in Figure 5, the median income of Black elderly is only about half that of White elderly. In 1979, the median income for older Black men was but 56% of that for White men -- $7,408 for White men 65+ vs. $4,113 for older Black men. Median incomes for women are even lower -- $3,894 for older White women and $2,825 for older Black women. Such differences are due to lower education, less competitive job skills, and often times lower salaries of Blacks. Blacks also are less likely to have worked in benefit-yielding jobs and professions. All of these factors combine to disadvantage the retired Black. The Social Security Administration reports, for example, that Black elderly are more likely to be dependent upon their monthly Social Security checks for the majority of their retirement income. Black elderly also are much less likely to be receiving interest or other income from assets than White elderly as a result of their inability to accumulate assets over a lifetime of lower income.

Poverty Status

Overall, 13% of Whites but 35% of Blacks over 65 are below the official poverty cut-off. In urban areas, 32% of Black elderly are in poverty while only 11% of Whites are in poverty. For Blacks in rural areas nearly 1 out of every 2 lives in poverty.

The most impoverished groups among the elderly in general are older women, those in rural areas, and the "oldest-old". The impact of combining these high risk factors is staggering. In the rural areas, almost 40% of White women over 75 are poor but and over two-thirds (68%) of rural Black

women are poor. In contrast, only 16% of White men aged 75 and over in urban areas are in or near poverty.

Poverty rates in 1980 were lower than those in 1970 for all elderly (see Figure 6), although the prevalence of poverty has increased for Black and Spanish elderly in recent years. Because of this, the gap between White and Black elderly has widened in the past few years. In 1970, for example, the Black poverty rate was 2½ times the White rate; by 1980, however, the Black rate was 3½ times the poverty rate for White elderly.

MARITAL STATUS

The marital status of Black and White elderly are quite similar (see Figure 7). The majority of both White and Black men 65 and over are married, while the majority of older women are widowed. This occurs because women are more likely to outlive their husbands. More than twice as many older Black men, however, are divorced or separated as Whites. Black women also are somewhat more likely than their White counterparts to be widowed at the older ages.

LIVING ARRANGEMENTS

Black and White elderly have somewhat different patterns of living arrangements (see Figure 8). Approximately 94% of all elderly live in households in the community, while 96% of elderly Black Americans are in the community.

Because relatively more older Blacks are widowed or divorced/separated, a smaller proportion of Blacks aged 65 and over live in the community with their spouses. Older Blacks also are less likely to live alone. But sharing a home with a grown child, usually a daughter, is a common living arrangement for

Black elderly.

Black elderly are less likely to be institutionalized than White elderly. While 5% of the White population over 65 were in Homes for the Aged in 1980, only 3% of Blacks were residents of such institutions. This racial difference is even more apparent among the oldest-old (85 and over) who, in general, are much more likely to be widowed and in poor health. About 23% of Whites at this age are in Homes for the Aged, while only 12% of Blacks live in such facilities.

Contrary to popular stereotype, the elderly -- be they White or Black -- are not abandoned by their families. Admission of an older relation to a nursing home is usually a last, not a first, resort for most families. The vast majority of frail elderly are cared for in the community and by family, friends, and neighbors. This is particularly true of Black elderly who can tap the resources of both a strong family and Church-based support networks for personal care and assistance.

HEALTH OF THE BLACK AGED

Aging is not a disease and being old does not necessarily imply poor health. Nonetheless, Black elderly are more likely than their White counterparts to be sick and disabled. Older Blacks have higher rates of chronic disease, functional impairment, and "markers" of risk, such as high blood pressure. Black elderly also are more likely to perceive themselves as being in poor health. Most older Blacks in need of health care services have access to such services today, due in large part to the successes of the Medicare and Medicaid programs.

At age 65, the average remaining lifetime of Blacks is somewhat less than that of Whites (see Figure 9). In spite of this, at the extremes of old age

(75+), Black mortality rates are lower than those of comparably-aged Whites. This is in sharp contrast to Black-White mortality differences at younger ages which favor Whites. The most widely accepted explanation of this so-called "cross-over" phenomenon emphasizes the highly selective nature of mortality. In a relatively disadvantaged group, mortality removes the more vulnerable members at a younger age, leaving primarily the most durable survivors at the older ages. In contrast, relatively easier life conditions promote the survival of both the strong and weak members of the advantaged group into old age. At this point they are more vulnerable to the diseases and injuries which claim older persons. The relative advantage of lower mortality for Blacks at the older ages does not translate into a quality-of-life advantage. Very old Blacks have higher rates of poverty and illness than Whites of the same age.

THE FUTURE

The marked disadvantage of Black elderly is likely to subside somewhat in the future. The cohorts who will be elderly in the next 20-30 years are now middle-aged and, in comparison to today's Black elderly, are somewhat better educated and have greater access to the resources that shape quality-of-life at the older ages. Still it is unreasonable to expect a dramatic narrowing of the Black-White differences among the elderly in the foreseeable future. While tomorrow's Black elderly may have somewhat lower risks of impoverishment and poor health, their old age will probably not equal that of Whites in terms of quality, duration, or comfort.

PROFILE OF BLACK ELDERLY

was prepared by Emily M. Agree

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*Unless otherwise indicated, all data are from the 1980 Census of Population, U.S. Department of Commerce, Bureau of the Census.

APPENDIX II

(Submitted for the record by Emily Gantz McKay)

THE HISPANIC ELDERLY: A DEMOGRAPHIC PROFILE

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Others also assisted with the project. They include Donna Jerry of the Villers Foundation; Rumaldo Juarez of Pan American University; Sandra Nathan of the American Association of Retired Persons (AARP); Marta Sotomayor of the National Hispanic Council on Aging; Fernando Trevino of the University of Texas at Galveston; and Robert Valdez of the Rand Corporation. The contributions of each are greatly appreciated.

The cover picture for this report was supplied by a community-based Council "affiliate," Amigos del Valle, in McAllen, Texas, which serves Hispanic elderly in the Rio Grande Valley; special thanks go to Executive Director Amancio Chapa.

We also want to give special thanks to Emily McKay, Executive Vice President of the National Council of La Raza, for her support and encouragement and her expert editing skills.

All the opinions expressed in this report are those of the National Council of La Raza, and do not necessarily reflect the views of the project funders.

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THE HISPANIC ELDERLY: A DEMOGRAPHIC PROFILE

I. SUMMARY

Data on the socioeconomic status of the Hispanic elderly in this country are limited. Hispanics are a young population -- the current median age for Hispanics is 25 years compared to almost 33 for non-Hispanics. The povarty rate for Hispanic families has worsened during the past decade, and Hispanics remain the most undereducated major U.S. subpopulation. Consequently, issues that address the needs of younger population subgroups have typically taken priority over issues of the elderly. Moreover, many federal agencies still do not routinely collect, tabulate, and/or publish data on the Hispanic population overall; because the elderly represent a relatively small subset of the total Hispanic population, data on their socioeconomic status are especially incomplete.

This country's population as a whole is aging. The number of Hispanic elderly, while currently a small proportion of the total Hispanic population, is growing rapidly. Yet the Hispanic elderly population has been virtually ignored by many federal agencies and by most major aging advocacy organizations.

Much of the existing socioeconoeic data on Hispanic elderly is unpublished or incompletely tabulated. The information obtained and analyzed for this report shows the following:

While currantly a small proportion of tha total Hispanic population, tha Hispanic aldarly population is growing rapidly. In fact, Hispanics are the fastest growing segment of the 65-and-over population.

Tha Hispanic eldarly are primarily concantrated in four statas -- California, Texas, Florida, and Nav York. More than seven out of ten elderly Hispanics live in these states, and more than seven out of eight live in just ten states.

Tha Hispanic eldarly are more likely to live in the community and in multiganarational families than other eldarly. They are far less likely than White elderly to live in homes for the aged.

Hispanics are tha least educated eldarly subgroup. They are much more likely than the overall elderly population to have had no formal schooling, and less than half as likely to be high school graduates.

Hispanic aldarly have labor force participation ratas similar to those of Blacks and Whites, but Hispanic alderly in tha labor force are far more likely to be unemployed. Elderly Whites are two and-one-half times as likely as Hispanics to hold managerial or professional jobs; Hispanics are especially likely to work in service jobs or as operators, fabricators, or laborers.

The median per capita income for elderly Hispanics is less than two-thirds that of Whites, and the poverty rate for Hispanic elderly is twice as high as tha White rata. Blacks remain the poorest group of elderly; the poverty rate for Black elderly is three times the White rate.

The Hispanic elderly are less likely than Blacks or Whites to receive Social Security, and more likely to depend on earnings and on public assistance -- in the form of Supplemental Security Income (SSI) -- to survive. Nearly one in four elderly Hispanics receives no Social Security, compared to one in seven Blacks and just one in 12 Whites. Elderly Hispanics are more than four times as likely as Whites to be receiving SSI.

The Hispanic elderly are more likely than Whites to suffer from chronic illness or disability, but they are less likely than other elderly to use formal long-term care services. Hispanics use the physician's office as their usual place of treatment; Hispanics have more physician visits than other elderly groups, but are far less likely to receive dental care.

One myth about Hispanic elderly is that because of the strong Hispanic family structure, their families take care of them; therefore, they have no need for services. Hispanic culture places high priority on extended families which include the elderly and the younger generations, and it appears that Hispanic elderly are more likely than Whites to live with their children in families in which the offspring is the householder rather than the elderly parent. However, income and poverty data make it clear that a large proportion of Hispanic families are struggling to survive. They need supportive services from the community and the government to help in caring for their elderly members. Unfortunately, current public policies and programs too often discourage rather than encourage multigenerational families.

A partnership is needed between the family and the government -- and including community-based organizations and the private sector -- so that the Hispanic elderly can be better served and live out their lives in a productive and dignified manner. This will require, first, a better understanding of the status and needs of the Hispanic elderly. A federal mandate is needed to improve and extend the collection, tabulation, analysis, and reporting of data on the Hispanic elderly.

Policy changes are needed to improve the economic status of the Hispanic elderly and of extended families who care for them. Of special concern is the need for greater equity in the Social Security system; consideration should be given to adding a variable age formula which would take into account not only recipient age but also the number of years worked. Federal guidelines for programs such as federal housing assistance and other cash and non-cash benefit programs should be changed so that they do not separate or penalize multigenerational families. Social and health services should also be extended and better targeted, and public policy should emphasize the development of community support mechanisms for the elderly and their families. Programs for the elderly should serve as family supports, not family substitutes.

II. INTRODUCTION

A. Purpose of the Report

The mass media have influenced America's attitudes, values, and perceptions about the atatus and roles of older persons. Such major newspapers as the New York Times and the Wall Street Journal have written about the golden years of this country's senior citizens and how their lives have improved during the past two decades. They have helped to create a myth that senior citizens in the United States lead a privileged lifestyle replete with abundant -- or at least adequate -- resources. Recently, The Villers Foundation published a report entitled "The Other Side of Easy Street," which shatters these myths. It calls attention to the subgroup of elderly Americans who were identified in 1979 by the President's Commission on Mental Health as an "at-risk" and vulnerable population. A very large proportion of the Hispanic elderly fall into this vulnerable group.

Statistical data describing the Hispanic elderly are limited, and much of the available information has not been published. This report is an attempt to describe and discuss the socioeconomic status of the Hispanic elderly, and to provide a better understanding of the conditions under which they live, the problems they face, and the need for appropriate policies and programs to address their needs.

B. Demographic Trends

The elderly population in the United States is growing rapidly. According to statistics from the Bureau of the Census, in 1960 the total population 60 years of age and over was 24 million. In 1980 that figure had risen to 36 million, an increase of 50%. The 65-and-older population grew twice as fast as the rest of the population between 1960 and 1980, and the 85-and-older population experienced the largest growth -- 165% in the last two decades. It is projected that by 1990 the ratio of persons over 65 to persons under 65 will be one to five. This growth has created demands for increased services for the total elderly population. Improved long-term care has become a major concern, since not only is the population increasing, but life expectancy is also increasing.

For minorities, who include American Indian/Alaskan Natives, Asian and Pacific Islanders, Blacks, and Hispanics, the increase in the population 60 years of age and over between 1970 and 1980 was 46%. According to the Bureau of the Census publication, "Projections of the Hispanic Population: 1983 to 2080," increases in the number of Hispanic elderly will account for one-quarter of the total Hispanic population growth over the next 20 years. Since 1970, the Hispanic elderly population has grown by 61% -- well above the growth rate of the total elderly population during the past 20 years. Although Hispanics are a young population -- with a median age of 25 years as compared to almost 33 for non-Hispanics -- the Hispanic elderly are not only a rapidly growing proportion of the total Hispanic population, but also among the most economically, physically, and emotionally vulnerable Hispanics. Therefore, it is important that accurate information be available on their socioeconomic characteristics as a basis for developing public policies and programs to meet their growing needs.

C. Data Availability and Limitations

The principal sources of information on Hispanic elderly used here are published and unpublished data from the 1980 Decennial Census and from the 1985 and 1987 Current Population Surveys, including special elderly tabulations provided by the Census Bureau and analyzed by the National Council of La Raza's staff; unpublished 1986 tabulations for the Bureau of Labor Statistics, and unpublished 1984 data from the Social Security Administration. We also used a number of other existing studies on the Hispanic elderly.

The data sources have limitations. Much of the data on Hispanic elderly is incomplete and at times outdated. Since the Hispanic elderly population is small compared to the rest of the Hispanic community and the total elderly population, many federal agencies do not typically separately analyze and report data on the Hispanic elderly, and few provide information separately for the Hispanic subgroups. Incomplete information and lack of subgroup data on the Hispanic elderly are a particular problem with education, employment, and health data. While the decennial Census attempts to count every American, the Current Population Surveys depend on a sampling procedure; because Hispanic elderly represent a small proportion of that sample, subgroup data often represent a very small number of actual interviews. Such information often remains unpublished because the sample sizes are too small to provide reliable data. In addition to this problem, some information, such as use of Medicaid by Hispanic elderly, simply is not available because Hispanic identifiers are not consistently used in the collection of the data.

One special complication in efforts to analyze and interpret data on the Hispanic elderly is the diversity of the population. Cubans represent only 5.4% of the total Hispanic population, but because they are much older than other Hispanics (with a median age of nearly 35.8 years, compared to 23.5 for Mexican Americans and 24.3 for Puerto Ricans), they comprise 13.6% of the Hispanic elderly. Cuban Americans -- as documented in many demographic reports on Hispanics -- are better educated, hold better jobs, and have higher incomes than members of the other major Hispanic subgroups. This appears to be particularly true of the Cuban American elderly, and reflects the fact that many middle- and upper-middle class Cubans came to the United States as political refugees during the first "two waves" of immigration after Castro came to power. Because subgroup data on education, employment, poverty status, and related socioeconomic indicators are frequently not available on the Hispanic elderly, it is difficult to accurately determine the status of various elderly subgroups. The combined data tend to understate the problems faced by Mexican American and Puerto Rican elderly.

In spite of these limitations, this report provides considerable data on the Hispanic elderly which were not previously available. The report was made possible by funding support from both The Travelers Companies Foundation and The Villers Foundation.

III. DEMOGRAPHIC OVERVIEW

A. Population Size

In March 1987, Hispanic adults 65 years and over represented 4.9% of the total Hispanic population, or 906,000 persons. Of these, 388,000 (42.8%) were males, and 518,000 (57.2%) were females (1987 Current Population Survey). Mexican Americans comprised a majority of the Hispanic elderly population at 54.1% (491,000). Cubans represented the second largest subgroup of Hispanic elderly; they made up 13.6% of the Hispanic elderly, but just 5.4% of the overall Hispanic population. The differences in composition of the overall Hispanic population and the Hispanic elderly population are shown in Figure 1, attached. A large proportion of the Mexican American elderly come from families who have lived in the Southwest since the 19th century or before (National Hispanic Council on Aging, 1987), while a very high proportion of elderly Cubans came to the United States as adults, as political refugees.

The majority of the Hispanic elderly are females. Women comprise a particularly large percentage of mainland Puerto Rican elderly and Central and South American elderly, as shown in Figure 2.

FIGURE 2
HISPANIC ELDERLY BY SUBGROUP AND SEX, 1987
(Number and Percent)

	Total Hispanic	Mexican American	Puerto Rican	Cuban	Cent./South American	Other Hispanic
Male						
Number	388,000	213,000	29,000	53,000	23,000	70,000
Percent	42.8	43.3	35.8	43.0	38.9	46.0
Female						
Number*	518,000	278,000	52,000	70,000	36,000	81,000
Percent**	57.1	56.6	64.1	56.9	61.0	53.2

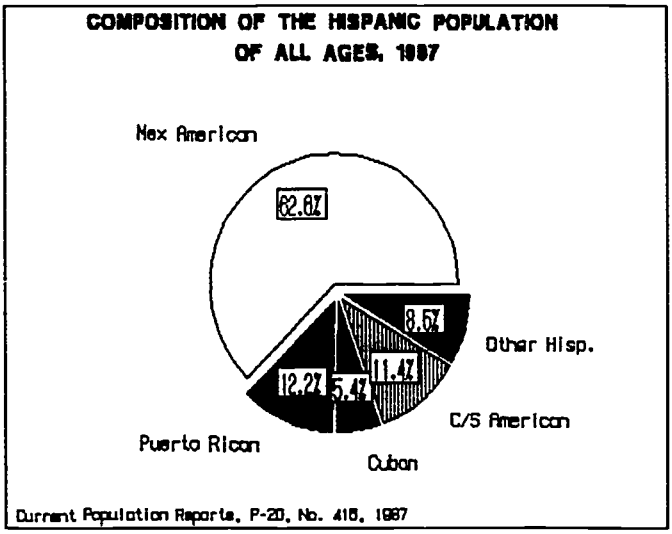
* Numbers rounded to the nearest thousand without being adjusted to group totals

** Individual percentages may not add up to 100.0% due to rounding

Source: March 1987 Current Population Survey, unpublished tables, Bureau of the Census

Hispanics are a young population, and a smaller proportion of the Hispanic population than of the total U.S. population are elderly. However, there are major differences by subgroup, as shown in Figure 3. Cubans are by far the oldest Hispanic subgroup, with a median age in 1987 of 35.8, compared to 23.5 for Mexican Americans, 24.3 for Puerto Ricans, and 27.3 for Central and South Americans; the median age for the total U.S. population is 31.9 years. Thus among the Hispanic subgroups, only Cubans have a percentage of elderly persons which is similar to that of the overall population.

FIGURE 1


COMPOSITION OF THE HISPANIC POPULATION
OF ALL AGES, 1987
Mex American
62.6%
8.5%
Other Hisp.
12.2%
5.4%
11.4%
C/S American
Puerto Rican
Cuban
Current Population Reports, P-20, No. 416, 1987

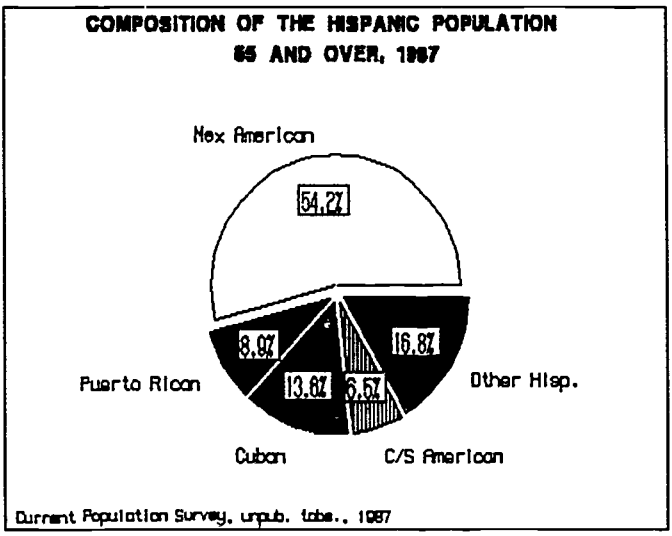

COMPOSITION OF THE HISPANIC POPULATION
65 AND OVER, 1987
Mex American
54.2%
8.9%
16.8%
Puerto Rican
13.6%
6.5%
Other Hisp.
Cuban
C/S American
Current Population Survey, unpub. tabs., 1987

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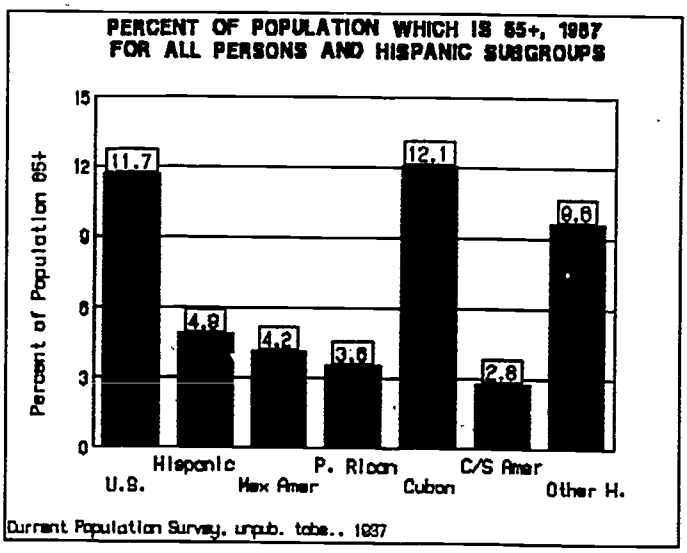
FIGURE 3



B. Geographic Concentrations

The Hispanic elderly population is primarily concentrated in four states, with different Hispanic subgroups predominating in different states. As of 1980, more than 70% of the Hispanic elderly lived in California, Texas, Florida, and New York. In California and Texas, the majority of the Hispanic population are of Mexican and to a lesser extent Central American origin; Florida is the home primarily of Cuban elderly, and New York of Puerto Ricans and Hispanics from the other Caribbean Islands, especially the Dominican Republic. In 1980, about seven out of eight Hispanics lived in just ten states; Figure 4 shows these top ten states in Hispanic elderly population.

The Hispanic elderly are also more urbanized than any other elderly population group. In 1980 only 11% of the Hispanic elderly lived in rural areas, compared to 20% of the Black population and 26% of the White population (Agree, 1986). The low percentage of Hispanic elderly living outside metropolitan areas is consistent with the figure for the entire Hispanic population; just 12% of Hispanics lived outside metropolitan areas in 1980, compared to 24% of non-Hispanics.

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FIGURE 4
TOP TEN STATES IN HISPANIC ELDERLY POPULATION, 1980

State	Number of Hispanic Elderly	Percent of All Hispanic Elderly
1. California	169,787	25.3
2. Texas	145,333	21.6
3. Florida	93,815	14.0
4. New York	72,075	10.7
5. New Mexico	29,788	4.4
6. Arizona	19,281	2.9
7. New Jersey	18,495	2.8
8. Colorado	15,454	2.3
9. Illinois	14,976	2.2
10. Pennsylvania	6,600	1.0

Source: Emily M. Agree, Center for Population, Georgetown University, 1986; analysis of 1980 Census data

C. Living Arrangements

Hispanic elderly are more likely to live in the community and less likely to be institutionalized than White elderly. According to a 1986 Georgetown University study for the American Association of Retired Persons (AARP), 97% of the Hispanic elderly as of 1980 lived in households in the community, either alone, with family members, or with non-relatives, compared to 96% of the Black population and 94% of the total elderly population. According to the 1980 Census, elderly Hispanics are far less likely than elderly Whites to live in homes for the elderly, as shown in Figure 5.

FIGURE 5
ELDERLY LIVING IN HOMES FOR THE AGED, 1980
(Percent)

Age	White		Black		Hispanic	
	Male	Female	Male	Female	Male	Female
65-74	1.3	1.7	1.7	1.5	1.0	0.9
75+	6.8	12.4	4.9	6.7	4.3	5.4

Source: 1980 Census of Population, "Living Arrangements of Children and Adults," U.S. Bureau of the Census

The Hispanic elderly appear to be more likely than other elderly groups to live in multigenerational families, especially with their children. In 1985, 60.7% of Hispanic elderly were householders, and of these only 23.6% lived alone; 36.5% lived with a spouse or other family members, and just 0.7% lived with non-relatives. Data on multigenerational families are more difficult to

obtain, and it appears that there are differences among elderly groups in the types of multigenerational families -- the elderly may be the householders in a family which includes their grown children and/or grandchildren, or they may live with children who are themselves the householders.

Data from the 1970 Census showed that Blacks were more likely than Hispanics to be heads of three-generational households; 33.6% of Black elderly were householders in families including their children and grandchildren, compared to 25.3% of Hispanics and just 15.2% of Whites. This may well reflect the differences in socioeconomic status of minority versus White families. However, detailed data on multigenerational living arrangements were not generated in 1980 Census analyses.

Other surrogate measures are available for 1980 which suggest the extent to which Hispanic elderly live in multigenerational families. Of the 39.2% of Hispanic elderly who were not householders, 37.4% (including 14.4% of men and 54.0% of women) lived in families. This group included many women living with husbands who were householders. About 39.1% of Hispanic elderly were widowed in 1985; and of this group, more than one-third (34.4%) were not householders but lived in families, with relatives. The corresponding percentage for all elderly Americans was only 15.3%.

Related data also suggest that Hispanics are much more likely than Whites or Blacks to live with their children where the children -- not the elderly persons -- are the householders. In 1980, among non-householders, Hispanic women 65-74 were four times as likely as Whites to live with children householders. Percentages were lower for all men, probably because they were more likely to be householders themselves, but ratios were similar; they were about four times as likely as Whites at 65-74 and more than twice as likely at 75+ to live with householders who were their children. For both men and women, Blacks fell between Hispanics and Whites, but were much closer to Whites (See Figure 6, below).

FIGURE 6
ELDERLY WHO WERE PARENTS OR PARENTS-IN-LAW OF HOUSEHOLDERS, 1980
(Percent)

Sex and Age	White	Black	Hispanic
Women			
65-74	4.3	6.3	16.1
75+	11.8	14.7	26.4
Men			
65-74	1.4	2.0	5.5
75+	5.2	5.8	13.7

Source: 1980 Census of Population, "Living Arrangements of Children and Adults," U.S. Bureau of the Census

IV. SOCIOECONOMIC STATUS

Available socioeconomic data show that the Hispanic elderly are far more likely than White elderly to have limited education and low incomes, and to lack the economic security enjoyed by many older persons in the United States.

A. Education

Hispanics are the least educated elderly subgroup. The median number of school years completed for Hispanics 65 years and older in 1987 was 7.4, compared to 8.4 for Black elderly and 12.1 for White elderly (March 1987 Current Population Survey, unpublished data). In 1985, more than one-third (34.6%) of the Hispanic elderly had less than five years of school, compared to about one in four (23.3%) Black elderly, and just one in 20 (5.0%) White elderly (See Figure 7). Only about one in five Hispanic (21.1%) and Black (22.0%) elderly had completed four years of high school or more, compared to half (50.1%) of White elderly (See Figure 8). While the number of Puerto Rican elderly was too small to yield reliable data, subgroup data for other groups indicate that Mexican Americans were the most likely (47.2%) to have completed less than five years of school and least likely (11.2%) to be high school graduates. Cubans were only one-third as likely as Mexican Americans to have less than five years of schooling, and nearly three times as likely to be high school graduates.

FIGURE 7

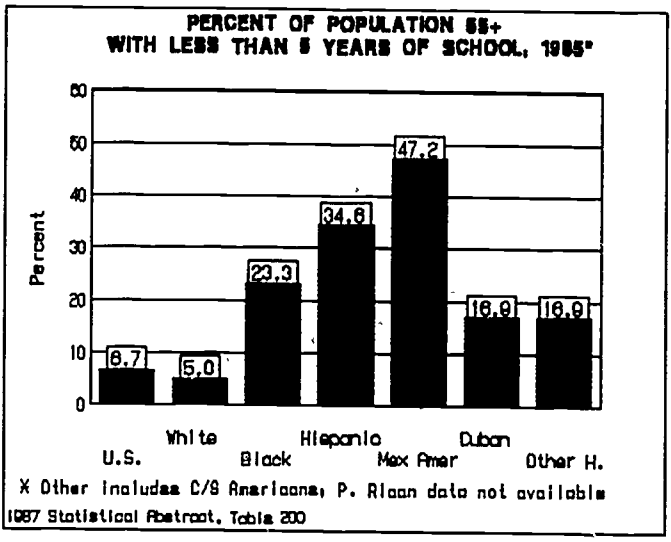
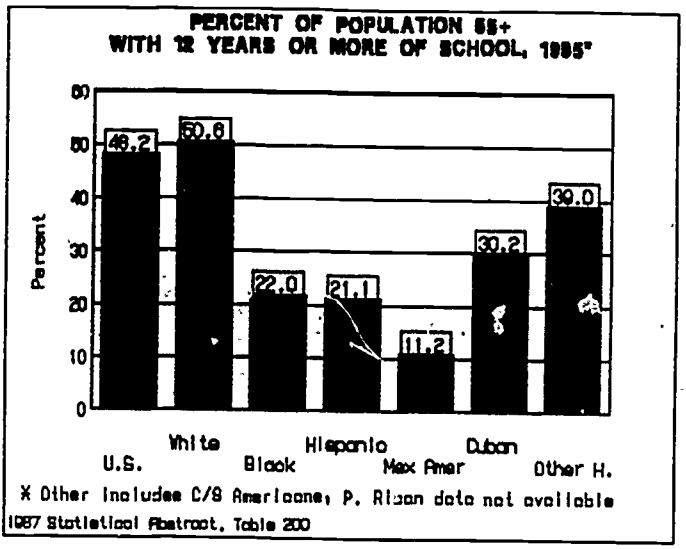


FIGURE 8



There are considerable differences in educational attainment by age for the Hispanic elderly. Not surprisingly, Hispanics 75 and over tend to have less schooling than those 65-74. As Figure 9 indicates, in 1985, nearly one in four Hispanics 75 and over (24.4%) had no formal schooling. While a similar proportion of Black and Hispanic elderly had educations at the high school level or above, Hispanics were considerably more likely to have no formal schooling.

FIGURE 9
EDUCATIONAL ATTAINMENT LEVELS BY AGE
FOR BLACK AND HISPANIC ELDERLY, 1985
(Percent)

Age	Median Years of School		No Formal Schooling		High School Grad. or More		College Grad.	
	Black	Hisp.	Black	Hisp.	Black	Hisp.	Black	Hisp.
65-69	9.0	8.2	2.2	11.6	29.7	26.3	5.0	5.4
70-74	8.1	7.4	3.3	7.3	19.9	19.9	4.8	4.1
75 and over	6.9	5.3	9.4	24.4	15.9	16.3	3.6	4.1

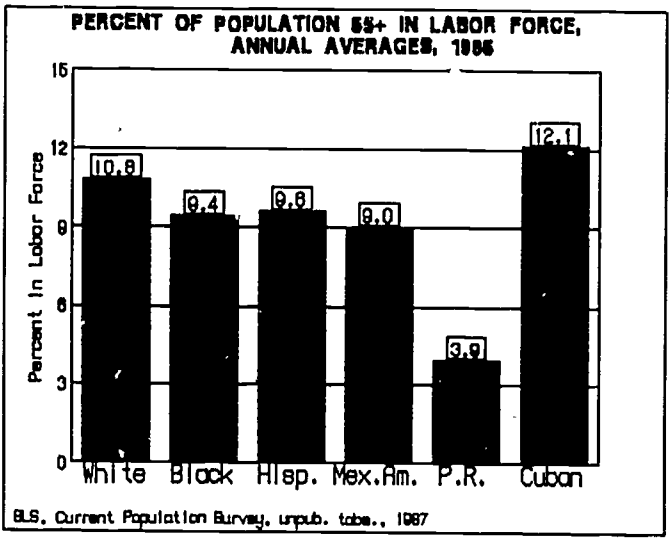
Source: 1985 Current Population Survey, unpublished tabulations, Bureau of the Census

It is sometimes suggested that limited English proficiency contributes to low Hispanic educational levels. In 1980, according to Census data, about 90% of Hispanic elderly reported that they spoke Spanish at home. Combining data from several sources, it appears that 57% of all Hispanic elderly in 1980 (including the approximately 10% who spoke English in the home) reported that they spoke English well or very well, while 22% reported they did not speak English at all. According to the National Hispanic Council on Aging (NHCoA), the Hispanic elderly have the second highest illiteracy rate among racial/ethnic groups. This is not surprising, since Hispanics as a group have the lowest educational attainment of any major subpopulation, and up to 56% of Hispanic adults are functionally illiterate in English. However, it has been estimated that 88% of limited-English proficient Americans who are illiterate in English are also illiterate in their native language.

B. Employment

Hispanic elderly have a labor force participation rate similar to that of Blacks and Whites, but are far more likely to be unemployed. About 9.6% of Hispanics 65 and over, 10.8% of White elderly, and 9.4% of Black elderly were in the labor force in 1986 (See Figure 10). Data on Hispanic subgroups are available, but should be used with caution since interview sample sizes were very small. The data indicate that among Hispanic subgroups, Cubans were the most likely to be in the labor force, and Puerto Ricans the least likely.

FIGURE 10



Of those in the labor force in 1986, Hispanics were by far the most likely to be unemployed; 10.7% were without jobs, almost five times the rate (2.3%) for White elderly and nearly seven times the rate (1.6%) for Black elderly. The vast majority of elderly Americans were not in the labor force. Reasons for non-participation were fairly consistent among the different population groups, though Hispanics and Blacks were more likely than Whites to report that they were "unable to work" than Whites (See Figure 11). This implies a higher rate of disability among Hispanic and Black than among White elderly. Subgroup data suggest that Puerto Ricans have a much higher disability rate than Cubans or Mexican Americans.

FIGURE 11
EMPLOYMENT STATUS OF THE CIVILIAN NONINSTITUTIONAL POPULATION
65 YEARS OLD AND OVER, BY RACE AND HISPANIC ORIGIN
Annual Averages, 1986
(Numbers in thousands)

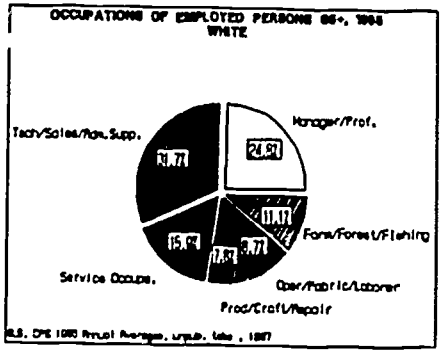
	White	Black	Hispanic
Total Civilian Non-institutional Population			
Number	19,371	2,088	875
Percent	100	100	100
% of Population in Labor Force	10.8	9.4	9.6
% of Labor Force Employed	97.6	98.1	90.5
% of Labor Force Unemployed	2.3	1.6	10.7
% of Population not in the Labor Force	89.2	90.6	90.4
Reasons:			
Keeping House	35.4	32.9	33.0
Going To School	0.0	0.0	0.1
Unable to Work	3.5	7.4	5.6
Other Reasons	50.3	50.2	49.5

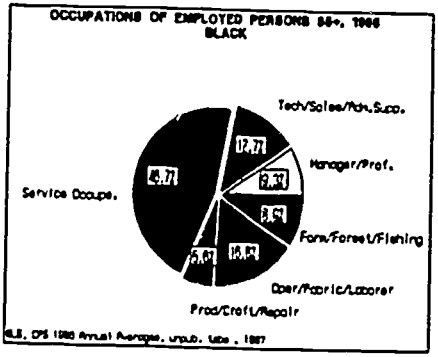
Note: Figures may not add to 100% due to rounding and sampling error

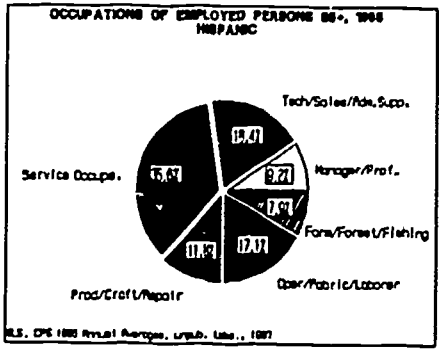
Source: Department of Labor, Bureau of Labor Statistics, Employment and Earnings, January 1987, and Current Population Survey, unpublished tabulations, 1987

For the approximately one in ten elderly persons who are employed, type of occupation varies considerably by race/ethnicity, as shown in Figure 12 (attached). Hispanic and Black elderly tend to hold lower skill, lower paying jobs than White elderly. For example, White elderly (24.8%) are nearly three times as likely as Hispanics (9.2%) or Blacks (9.3%) to hold managerial and professional jobs. Hispanic elderly 65 years of age and over, if employed, are most likely to hold service jobs, with 35.6% in these occupations, compared to 18.2% of White elderly; an even higher proportion (46.7%) of employed Black elderly hold service jobs. The next most likely occupational category for the

FIGURE 12
OCCUPATIONS OF EMPLOYED PERSONS 65 AND OVER, 1986







Hispanic elderly is technical, sales and administrative support, with 18.4% holding such jobs, compared to 31.7% of Whites and 12.6% of Blacks. Elderly Hispanics (17.1%) and Blacks (16.4%) are more likely to hold jobs as operators, fabricators or laborers than elderly Whites (8.7%).

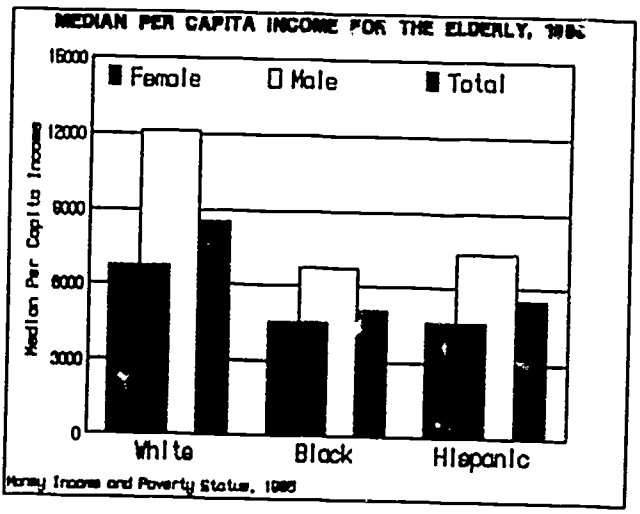
Comparisons between elderly Hispanics and the entire Hispanic work force shows that Hispanics 65 and over are far more likely to hold service jobs and less likely to hold managerial and professional positions.

C. Income Levels

A high proportion of minority elderly have incomes which would put them beneath the poverty level if they lived alone; this is especially true of minority elderly women. In 1986, the poverty threshold for a person 65 or over was $5,255, while for a couple it was $6,630. The median per capita income for Hispanic elderly in 1986 was $5,510, compared to $5,030 for Black elderly and $8,544 for White elderly (March 1987 Current Population Survey, unpublished tabulations). Thus the median per capita income for the Hispanic elderly was just above the poverty level, while that of Black elderly was just below it.

The median per capita incomes for minority elderly women were much lower than those for minority men, as shown in Figure 13. In 1986, Hispanic men aged 65 and over had a median per capita income of $7,369, compared to $4,583 for Hispanic women. This compares to $6,757 for Black males and $4,508 for Black females, and $12,131 for White males and $6,738 for White females.

FIGURE 13



Date from the Social Security Administration show that the elderly population is economically diverse: in 1984, about one in five had an income under $5,000 -- the approximate poverty threshold at that time for one person aged 65 or older -- while 3% had incomes of $50,000 or more, and the median income was $10,170. Twice as many Hispanic elderly, compared to the total elderly population, had incomes under $5,000, less than 1% had incomes of $50,000 or more, and the Hispanic median per capita income was $6,040 (See Figure 14).

FIGURE 14
PER CAPITA INCOME OF HISPANICS AND ALL ELDERLY, 1984
(Percent and Median Per Capita Income)

Income	All Elderly	Hispanic
Under $5,000	19%	37%
$50,000 or more	3	1
Median income	$10,170	$6,040

Source: Social Security Administration, unpublished report, 1987

These income data are useful for comparison with information on Social Security income, which are available for the same year, as discussed below.

D. Sources of Income

The basis for the economic security of most Americans is Social Security. Hispanics are less likely than the overall U.S. elderly population to receive Social Security, but those who receive it tend to depend upon it more than White Americans, as shown in Figure 15.

FIGURE 15
IMPORTANCE OF SOCIAL SECURITY AS AN INCOME SOURCE
FOR THE ELDERLY, 1984
(Percent)

	White	Black	Hispanic
Percent of Elderly Receiving Social Security	92	85	76
Proportion of Income from Social Security,			
50% or more	62	78	72
90% or more	24	39	38
100%	14	28	27

Source: Social Security Administration, unpublished tables, 1984

As the table indicates, in 1984, only about three out of four Hispanic elderly persons received Social Security benefits, compared to nearly seven out of eight Black elderly and more than nine out of ten of the White elderly. It was the major source of income -- providing at least half of total income -- for more than seven in ten (72%) of the Hispanic beneficiaries, compared to nearly eight in ten (78%) of the Black beneficiaries and six in ten (62%) of the White beneficiaries. It contributed 90% or more of the income for nearly four in ten Hispanic (38%) and Black (39%) beneficiaries, compared to just one in four (24%) of the White beneficiaries. And it was the only source of income for more than one-fourth (27%) of the Hispanic and Black (28%) beneficiaries and for just one in seven (14%) of the White beneficiaries.

Social Security Administration data also identify the sources of income for various elderly groups. As Figure 16 shows, Hispanics are far less likely than Whites to receive retirement benefits other than Social Security, and less than half as likely to have income from interest or other assets. They are less likely than either Whites or Blacks to receive public pensions or veterans' benefits. Hispanics and Blacks are both more than four times as likely as Whites to receive Supplemental Security Income. Elderly Hispanic women are particularly likely to receive SSI; 29% receive SSI benefits, compared to 22% of elderly Black women and just 8% of White women.

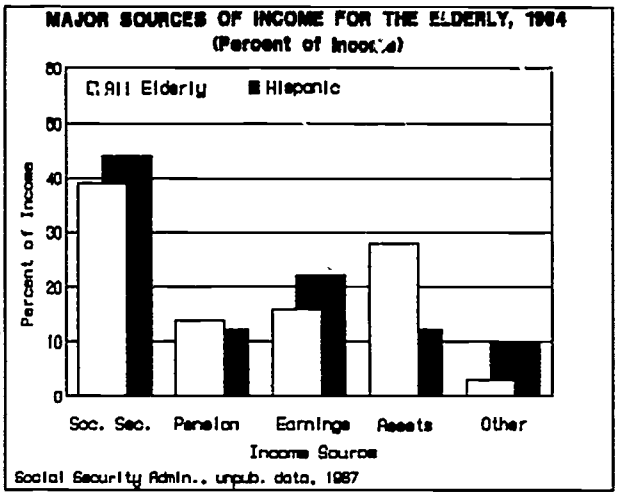
FIGURE 16
PERCENT OF ELDERLY RECEIVING INCOME FROM VARIOUS SOURCES, 1984

Income Source	White	Black	Hispanic
Earnings	21	20	20
Retirement Benefits	95	88	79
Social Security	92	85	76
Other Pensions or Annuities	40	23	20
Public	17	11	7
Private	25	13	13
Income from Assets	72	30	35
Veterans' Benefits	5	6	3
Unemployment Compensation	1	1	1
Workers' Compensation	1	1	1
Public Assistance	7	26	27
Supplemental Security Income	6	25	26
Other	0	2	1
Personal Contributions	1	0	1

Source: Income of the Population 65 and Over, 1984, Social Security Administration, 1987

Social Security Administration data also show that the Hispanic elderly receive a higher proportion of their income from Social Security and earnings and less from assets than other elderly Americans. According to a 1987 unpublished report, money income for the U.S. population 65 years or older comes largely from four sources -- Social Security benefits, earnings from work, public and private pensions, and asset income. These four major sources accounted for 96% of the income of all elderly in 1984, and Social Security accounted for the largest portion of the total at 38%. The Hispanic elderly, who made up 3% of the total elderly population, received more of their income from Social Security and earnings and less from assets than the overall elderly population. In addition, a fifth source, public assistance -- Supplemental Security Income (SSI) or other welfare benefits -- accounted for 10% of total income among Hispanic elderly and just 3% among all elderly (See Figure 17).

FIGURE 17



Supplemental Security Income (SSI) is a form of public assistance available to elderly people whose income and assets do not exceed certain limits. In 1984, Hispanics were three times as likely as all U.S. elderly to receive SSI, which reflects the fact that they were especially likely to have low incomes and to be ineligible for Social Security. On the other hand, compared to the total elderly population, Hispanics were also almost twice as likely to collect neither Social Security nor SSI, as shown in Figure 18. This

may reflect non-participation of eligible people in SSI. The Villers Foundation in conjunction with Donna Jerry is currently researching the the participation of aged persons in the SSI program in the State of Massachusetts. The study found that "SSI has developed into an unnecessarily complex program which has failed to live up to its promises and failed to reach many of people it was designed to serve."

FIGURE 18
PERCENT OF ELDERLY RECEIVING SOCIAL SECURITY
AND SUPPLEMENTAL SECURITY INCOME, 1984

Source	All Elderly	Hispanic
Social Security and no SSI	85	65
SSI	8	26
With Social Security	6	14
Without Social Security	2	12
Neither Social Security nor SSI	7	12

Source: Social Security Administration, unpublished data, 1987

Elderly Hispanics who do not receive income from Social Security or other retirement benefits are more likely than other elderly Americans to receive the majority of their income from earnings or public assistance. As of 1984, of those elderly who had earned income, 54% of Hispanics obtained more than 50% of their income from earnings, compared to 45% of the Black elderly and 35% of the White elderly. Furthermore, the median income from earnings was $6,270 for Hispanic elderly, compared to $4,590 for Black elderly and $5,700 for White elderly. This information, combined with data on Social Security, suggests that the Hispanic elderly are more likely than other elderly to work because they cannot afford to retire. Similarly, Hispanic elderly who are not employed appear particularly likely to depend on public assistance for a significant part of their income. In 1984, of those elderly receiving public assistance, 54% of Hispanics received more than half their income from public assistance, compared to 31% of Black elderly and 28% of White elderly (See Figure 19).

FIGURE 19

IMPORTANCE OF EARNINGS AND PUBLIC ASSISTANCE
AS INCOME SOURCES FOR THE ELDERLY, 1984
(Percent)

Importance of Source	White	Black	Hispanic
Proportion of income from Earnings for Employed Elderly			
50% or more	35	45	54
90% or more	9	12	16
100%	2	4	5
Proportion of Income from Public Assistance for Elderly Receiving Assistance			
50% or more	28	31	54
90% or more	18	23	39
100%	16	22	36

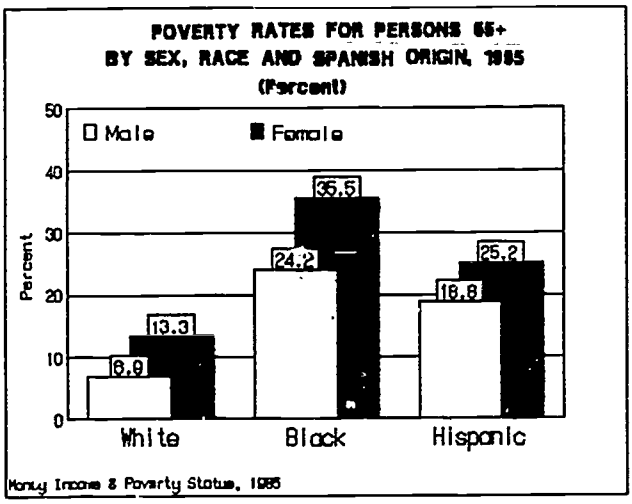
Source: Social Security Administration, unpublished tables, 1987

E. Poverty Status

The poverty rate for the Hispanic elderly has been gradually reduced from 32.6% in 1975 to 22.5% in 1986; the 1986 rate was 18.8% for Hispanic males and 25.2% for females. However, the poverty rate in 1986 for elderly Hispanics was still over twice as high as the rate for elderly Whites (See Figure 20), although it was considerably below the rate for Black elderly. Many more elderly Hispanics lived in near-poverty as defined by the federal government; in 1986, 33% of Hispanic elderly had incomes below 125% of the poverty level, compared to 45% of Black elderly and 18% of White elderly.

The analysis of data on the elderly by Emily Agree of Georgetown University reveals that elderly women living outside metropolitan areas are the most impoverished group of all. In 1980 among the Hispanic elderly, 38% of rural women lived in poverty, compared to 68% of rural Black women and 21% of White rural women.

FIGURE 20

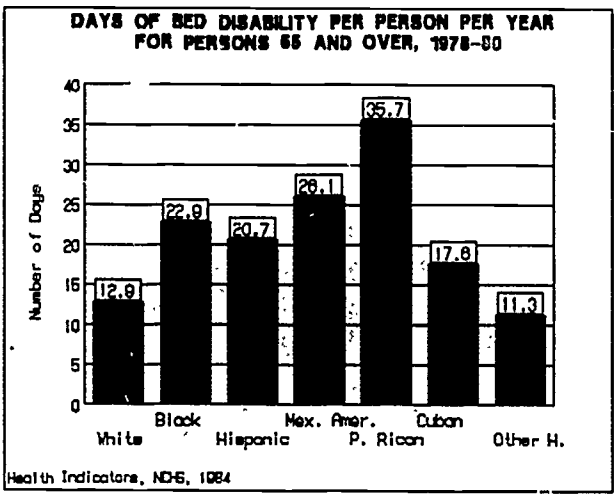


F. Health

Hispanic elderly often suffer from chronic illness or disability. According to a 1980 survey conducted by the Asociacion Nacional Pro Personas Mayores, arthritis, hypertension, and cardiovascular conditions were the most common health complaints of the Hispanic elderly. The survey also found that more than one-fourth of Puerto Ricans and about one-fifth of Mexican Americans, Cubans, and Other Hispanics were disabled. According to data from the 1978-80 National Health Survey, Hispanics 65 and over were more likely than the general population to report limitations of activity due to chronic conditions; 47.5% of Hispanics versus 44.3% of non-Hispanic Whites reported such limitations. Among Hispanic subgroups, Mexican Americans and Puerto Ricans were most likely to report such limitations; 52.4% of Mexican Americans and 52.6% of Puerto Ricans reported curtailed activities, compared to 42.1% of Cubans. Blacks had the highest rates, with 57.2% indicating activity limitations due to chronic conditions.

One specific measure of disability is the number of days of bed disability per person per year. The National Health Survey found that the Hispanic elderly had fewer days of bed disability than Black elderly, but more days than White elderly. Among Hispanics, Puerto Ricans had the highest rates of bed disability, followed by Mexican Americans and Cubans (See Figure 21). Subgroup data should be viewed with some caution, however, because samples in the survey -- especially for Puerto Rican elderly -- were small.

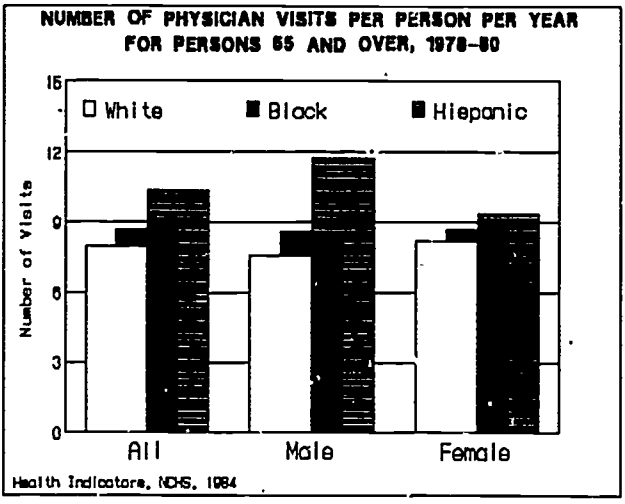
FIGURE 21



Federal data on minority health status indicate that even though many suffer from chronic health problems, they seek the physician's office as the usual place for treatment. They tend to use formal, long-term care services less than other elderly, preferring to remain at home under a physician's care. Data from the National Health Survey indicate that Hispanic elderly who do consult physicians are likely to have more physician visits than any other elderly groups. In a 1978-80 survey, Hispanic elderly were found to consult with physicians 10.3 times per year, compared to 8.7 visits for Black elderly and 8.0 visits for White elderly. Elderly Hispanic men visited the doctor more often than Hispanic women, while Black men and women had a similar number of visits, and elderly White women had more visits than men (See Figure 22). Among the Hispanic subgroups, the Cuban elderly were more likely to visit a physician than other subgroups; they had an average of 13.3 physician visits a year, compared to 11.8 for Mexican Americans, 7.8 for Puerto Ricans, and 7.5 for Other Hispanics.

Hispanic elderly -- especially Mexican Americans -- are less likely than Whites to receive dental care. The National Health Survey found that 4.7% of Hispanic elderly had never been to a dentist, compared to 0.5% of non-Hispanics. Among Mexican American elderly, 10.3% had never been to a dentist, compared to 2.1% of Black non-Hispanics and 0.3% of White non-Hispanics.

FIGURE 22



Hispanic elderly tend to underutilize many types of health care services, according to the Georgetown University study. Cost is an important factor. Data on Medicare were unavailable since the federal government does not maintain recipient data by race and Hispanic origin. It is safe to assume that a very high proportion of Hispanic elderly who are receiving Social Security benefits and are 65 years and over are enrolled in Medicare. As for Medicaid, the data are incomplete because states are not required to collect recipient data specifying Hispanic origin. The Georgetown study indicated that in 1980 only 71% of eligible Hispanic elderly were actually enrolled in Medicaid, although Hispanics had high levels of Medicaid-eligibility.

As the above data indicate, most of the available health information on Hispanic elderly comes from surveys completed in 1980 or earlier. Some additional information is expected from the Hispanic Health and Nutrition Examination Survey (HHANES), but specific information on the health status and needs of elderly Hispanics remains incomplete.

V. ANALYSIS AND IMPLICATIONS

The Hispanic elderly in the United States are facing a crisis which will affect not only the entire Hispanic community but also the broader society. While Hispanics 65 years of age and over today account for only about 5% of the total Hispanic population, their numbers are growing rapidly. Available demographic data make it clear that elderly Hispanics suffer from high poverty rates and often lack any semblance of economic security, although many have spent 50 years in the labor force. The information which is presented in this profile shows that elderly Hispanics are an extremely vulnerable subpopulation, and suggests a number of critical policy implications.

The living arrangements of the Hispanic elderly are of special importance. The great majority of Hispanic elderly live in households in the community, either alone, or more often, with their spouses or other family members. Hispanic culture places high priority on keeping the elderly with the younger generations, which results in many multigenerational families. This situation is highly desirable from a societal perspective, but it also puts the burden of caring for the elderly on the community and the family.

Unfortunately, current public policies and programs too often discourage rather than encourage extended families. For example, in order to receive housing assistance, the elderly must very often live in housing projects which do not permit multigenerational families; elderly Hispanics must live only with other elderly. Similarly, while long-term care benefits are often available to institutionalized elderly, they are usually denied when grown children choose care for their parents at home. This causes great economic hardship for Hispanic families with limited resources.

Hispanic elderly are less likely than the overall elderly population to be financially independent, with resources adequate to permit them to retire if they wish to do so, and to live in dignity. About one-fourth of the Hispanic elderly receive no Social Security benefits, and only one-fifth receive other pensions or annuities. Only about one-third have any income from assets. As a result, more than one-fourth must depend on some form of public assistance, usually Supplemental Security Income, and for over half of recipients, such assistance represents the majority of their income.

The low level of Social Security coverage for elderly Hispanics can be partially explained by several factors. While in the labor force, many had jobs which were not covered by Social Security and did not offer any other form of pension plan, either public and private -- this is true particularly for farmworkers. Hispanics have traditionally been severely underrepresented as government employees, and as a result they are less than half as likely as White elderly to be receiving public pensions.

A 1980 study by Dr. Alejandro Garcia of Syracuse University found that some elderly Hispanic males who should have been eligible for Social Security benefits were not receiving them, for a variety of reasons. Some were working in jobs which were covered by Social Security but had not been in such jobs long enough to complete the minimum number of quarters required before receiving benefits; thus they were forced to work past normal retirement age to become eligible for benefits. Other factors included lack of knowledge about how to

apply for benefits, fear of government agencies, and ignorance of eligibility criteria; such factors are also likely to result in underutilization of various community services and benefit programs. Garcia also found that those Hispanics receiving Social Security benefits were receiving considerably lower amounts than their White counterparts.

Because most elderly Hispanics have held low-paying jobs throughout their working lives, they are likely to receive minimum or near-minimum benefits when they retire. This results in high rates of poverty and near-poverty, because Hispanic elderly who do receive Social Security benefits tend to depend on Social Security more than the White elderly; for about one-fourth it is the only source of income. This means that cutbacks or limitations on Social Security, such as a freeze in benefits, would have a particularly severe negative impact on them. According to The Villers Foundation, a freeze or a delay in the Social Security cost-of-living adjustment (COLA) would significantly increase the poverty rate among the elderly, because so many have incomes hovering just above the poverty line. This is clearly true for Hispanics, since one-third of non-poor elderly Hispanics have incomes below 125% of the poverty level.

The poverty rate for Hispanic elderly has decreased somewhat, from 32.6% in 1975 to 22.5% in 1986. However, the total number of Hispanic elderly in poverty has grown steadily, increasing from 137,000 in 1975 to 204,000 in 1986. Furthermore, Hispanic females are more likely to be poor than Hispanic males, which is consistent with the overall "feminization of poverty" in this country. Since many elderly Hispanic women either were never part of the work force or worked in jobs which were not covered by Social Security, Hispanic women are especially likely to be without any kind of retirement benefits, and thus to depend totally upon the income of their husbands. Women tend to live longer than men, and widowed Hispanic women face particular economic problems. For example, 32% of non-married Hispanic women were receiving SSI in 1984, compared to 16% of married couples.

Another factor which negatively affects retirement benefits is that many Hispanics apparently leave the work force before retirement age for health reasons or due to dislocation. Hispanics -- and especially Hispanic women -- are more likely than either White or Black workers to be dislocated through plant closings or other events beyond their control. Data on health factors are incomplete, but the Hispanic elderly appear more likely than the total elderly population to suffer from chronic health problems which limit their activities. Since most Hispanic elderly have held blue-collar jobs or worked as farmworkers, the likelihood of their exposure to dangerous working conditions and physical injuries has typically been greater than for most other workers. Another reason for early disability is that many Hispanics entered the work force younger than most Americans because they left school at an early age; by age 60 they may have worked more years than the average retiree.

Hispanic elderly are almost twice as likely as the total elderly population to receive neither Social Security nor Supplemental Security Income (SSI). This is partly because SSI fails to reach many of the people who meet its eligibility criteria. It has been estimated that about half of the potentially eligible population does not participate, largely because of a lack

of knowledge about the program. A 1983 study by the Social Security Administration found that 45% of those surveyed who were eligible but not participating had no idea that SSI existed.

Lack of access to community-based services is a major problem for elderly Hispanics, and is likely to become even more serious as the population increases. For example, health problems are exacerbated because elderly Hispanics tend to underuse many types of health care services. Many Hispanic elderly held or still hold jobs which are unlikely to include health benefits; participation rates for Medicaid and Medicare are difficult to estimate since data on the race or Hispanic origin of recipients are not routinely collected.

As mentioned earlier, the President's Commission on Mental Health identified the Hispanic elderly as an at-risk and vulnerable population. Title III of the Older Americans Act, which funds supportive services for the elderly, requires that State Agencies on Aging prepare a plan to assure that in providing services to older persons, preference be given to those with the greatest economic or social needs, with particular attention to low-income minority individuals. However, data from the Administration on Aging (AoA) reveal that participation by minority elderly persons in Older Americans Act Programs has dramatically declined in this decade, from 22% of clients in 1980 to 17.5% in 1985. There was a decrease in minority participation in congregate nutrition services as well as home-delivered nutrition services.

A 1982 report by the United States Commission on Civil Rights stated that ethnic minority elderly persons were not participating in programs funded by the Administration on Aging for numerous reasons. First, although the Older Americans Act explicitly states that bilingual services should be provided for elderly persons who do not speak English, funded programs did not maximize the use of community supports, and program staff had a limited knowledge of minority language and cultural differences. Second, many nutrition sites and programs were located outside of minority communities, making them inaccessible or difficult to reach due to lack of transportation. And third, many minority elderly were prevented from participating in programs because they could perceive that they were not welcome.

Such factors negatively affect Hispanic elderly participation in every kind of benefit and service program. Elderly Hispanics are the least educated elderly population, due largely to poverty and discrimination. Illiterate or limited-English proficient elderly persons typically lack access to most elderly services provided by both public and private agencies due to lack of knowledge about the programs, low likelihood of being reached through written outreach materials, and inability to communicate with monolingual service agency employees. Lack of effective outreach by public agencies in predominantly Hispanic communities provides a further obstacle. A National Council of La Raza analysis of the "Non-Participation of the Neediest in Income Assistance Programs" confirmed that those most in need of income support or service programs often are also least likely to locate and successfully apply for such benefits.

Problems of inadequate resources and services can only become more serious as the Hispanic population grows, unless appropriate changes are made in public policies and programs.

VI. CONCLUSIONS AND RECOMMENDATIONS

Family policy regarding the elderly has in recent years been a patchwork of band-aid approaches which address the most visible and critical problems and respond to public pressures, but are not proactive and do not reflect any clear national priorities. The present administration has joined most gerontology experts in advocating more family involvement in caring for the elderly, but this belief has not been translated into public policies or program directives. Instead of supporting extended families, too often program guidelines compartmentalize the elderly and separate them from the younger generations. Moreover, strong support for Social Security has sometimes led policy makers to overlook other needs which that program cannot meet. As a result, Hispanic and other low-income and minority elderly have seen too little improvement in their economic status, and there has been a decline in funding for many critical community-based service programs.

Many policy makers advocate increased emphasis on self-help among the elderly population. This is appropriate for those elderly who have access to resources. But for a large proportion of the Hispanic elderly, facing poverty, poor health, and language barriers, a supportive mechanism is required which permits the elderly to survive with dignity.

A partnership is needed between the government and the family -- with the participation of community-based organizations and the private sector -- in order to improve the socioeconomic status of the Hispanic elderly. The National Council of La Raza believes that certain critical problems must be addressed, and several kinds of policy and program initiatives are necessary to improve the quality of life for the Hispanic elderly -- and for other low-income and minority elderly -- in American society.

Policy formation requires an understanding of the current status of the Hispanic elderly; problems and needs must be well documented before action to solve them can be successfully advocated. Such documentation can be provided only through more extensive collection, tabulation, analysis, and reporting of data by public agencies and recipients of public funding for elderly services. It has been more than a decade since the Roybal Amendment (P.L. 94-311) directed federal agencies to "develop methods for improving and expanding the collection, analysis, and publication" of social statistics on Hispanics. Yet basic information about Hispanic health status, including morbidity and mortality data, are still not consistently collected; national information on the number and proportion of Medicaid and Medicare recipients is not available; Hispanics are not sufficiently oversampled in many national surveys to generate reliable, valid data or subgroup information; and data on Hispanics from the Decennial Census are often incompletely analyzed or not published. A federal mandate is needed to implement the Roybal Amendment, with special attention to providing data by age group and Hispanic subgroup.

Policy changes are needed to improve the economic status of the Hispanic elderly and of extended families who care for them. Of particular concern is the need for greater equity in the Social Security system. Public and private pensions typically are based not simply on the age of the worker, but on the number of years worked, yet once the required number of quarters have been

worked, Social Security ignores number of years in the labor force. A variable age formula should be investigated which would take into account the number of years worked as well as age. Given the large proportion of Hispanics, especially Hispanic women, who are ineligible for Social Security, it is essential that effective action be taken to assure that persons eligible for SSI actually receive those benefits. A minimum income for the elderly would greatly benefit Hispanics. Equally important are employment programs which assist those Hispanic elderly who are both able and eager to work either part-time or full-time.

Some federal program guidelines should be changed so that they no longer have the effect of forcing elderly Hispanics into poverty, especially surviving spouses of persons who have had long illnesses requiring extended care. For example, more humane policies are needed that would not require elderly persons to divest themselves of all property and income in order to receive financial assistance such as Medicaid. Some form of catastrophic health insurance or similar mechanism is needed to protect Hispanic elderly and their families from financial ruin as a result of long-term chronic or terminal illness.

Since it is generally both less expensive and more socially desirable for elderly people to be cared for at home than for them to be institutionalized, guidelines for long-term care should be revised to help maintain rather than separate multigenerational families. Tax benefits should also be investigated for families that care for their elderly at home. Guidelines for elderly housing assistance and other cash and non-cash benefit programs should also be revised to encourage and support multigenerational families. The Hispanic family support network needs support services, not family substitutes.

Social and health services must be expanded, and public policy should emphasize the development of community support mechanisms for the elderly and their families. A first step is to enforce AoA legislation and regulations calling for targeting of services to minority and low-income elderly; more culturally appropriate service delivery is also essential. Since about 90% of the Hispanic elderly speak Spanish at home, and a large proportion have been denied equal access to education, service providers with public funding should be required to have staff who can communicate with the Hispanic elderly. Information and referral services must be available to inform eligible elderly persons about services to which they are entitled, and public agencies should be required to establish effective outreach programs to identify isolated elderly persons who are at-risk in order to assure their access to services.

Many of these recommendations can be implemented without large-scale increases in resources. They require instead a reallocation of existing funds to better target those who are most in need, and changes in regulations which emphasize community-based services rather than institutionalization, and support for multigenerational families rather than segregation of the elderly. What is needed are policies and programs which enable Hispanic elderly to live as productive members of their communities.

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